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A Monthly Journal for the Nursing Profession in Canada

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Officers of the Canadian National Association of Trained Nurses, 1918-1919

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Canadian National Association of Trained Nurses' Convention, 1918

The Seventh Annual Convention met in West Hall, Toronto University, at 9.30 a.m., Miss Gunn (President) in the chair.

On motion of Miss Randal, seconded by Miss Dickson, the minutes of last meeting were taken as read, having been published in the *Canadian Nurse*. The minutes of the Executive are embodied in the Secretary's report.

The President, in her annual address, pointed out that this Convention, the third since the beginning of the war, is a very serious one in our history. Every day brings new responsibility to the nurses. This association, being the representative organization of nurses in Canada, must bear the responsibility of conducting all nursing affairs throughout this national crisis. Every day we realize a little more closely just what the war means to us, especially when we read about our Canadian hospitals in France being bombed. A great many of the nurses who had been killed or wounded were members of this organization, and some of them we know personally. Miss Long, whose name is in the paper this morning as having been wounded, was one of our Public Health Nurses in Toronto; Miss Wishart, who was badly wounded, comes from Winnipeg. Many of us know the nurses whose names are appearing in the ghastly lists, and we know of their work before they went overseas. While we are thankful to see that there have not been many casualties, still there have been a great many nurses wounded. We feel very proud of our Canadian nurses when we realize that they were not found wanting, any more than our men who have served in the trenches, when the time came for them to prove their bravery and devotion to their country. We hear in these days a good deal of discussion about the nurses who are serving Overseas, and the willingness of all the nurses at home to serve. I think the nurses who have gone overseas have had a wonderful opportunity of serving the country, which we at home feel, perhaps, we have missed. I think there is not a nurse in Canada who is not willing to serve Overseas, but I feel that we who stay at home are doing just as much for our country as those who have gone. We are all willing to go, and would do so if needed, but if we all went Overseas the men who are daily returning to us would not be cared for. As time goes on, more and more men are needing care, and we will have to be organized and ready to give that care as they come from the front. The time has passed when any nurse can decide on the branch of work which she should be taking up, without giving the present conditions very serious thought. I think the selfishness of nurses has been almost overcome; not that they are more selfish than any other class in our nation, but

they are now looking around to find just what they should be doing in this national crisis. We have many nurses in Toronto, and every other city in the Dominion, who are willing and anxious to go Overseas, but they have not applied for permission to go simply because they are filling posts here that they feel they have no right to leave, and I think they are doing as much for the country as those who have gone. The great war has brought a testing time in our profession; we are very much in the public eye, and the time has come when we really are to be tested, and that test will be the degree in which we meet the national need. That need is very great, for we have both the civil and the military sides of it to look after; and, as we look into the future, we do not see very much hope of a solution. The demand for nurses is increasing every day. We heard Miss Deans speak yesterday about the thousands of nurses that have been mobilized in the United States under the American Red Cross. One could hardly grasp what 20,000 nurses mobilized would mean. We think we have sent Overseas from Canada a good many nurses, yet we have sent only 2,000, although, of course, that is a good number in proportion to our population. The work that has been done in the United States in getting those 20,000 nurses signed up and ready for service is enormous. We have the same problem here, and it is as great as that of the United States in comparison to the number of graduate nurses in Canada. We need them, not for military work alone; we need them in all kinds of civil work. As the men are discharged from the army they become civilians; a good many of them are incurable; some will need care for years, and the need for nurses along that line is very great. Miss Hannington has dwelt on the need of nurses in the Northwest; everybody knows of that need; and, with the problem of immigration, we are going to need a great many more nurses for welfare work. The demands for nurses are increasing so that we cannot keep up with them. As to how we are to supply the lack of nurses, we must do this in a way that will not lower our nursing standards. I think we owe it to women like Miss Snively and Miss Livingston, who have gone before, and who have accomplished, with the very hardest work and greatest persistence of effort, what we have to-day. We cannot afford to allow the crisis through which we are now passing to furnish a loophole for us to lower our standards, for, while it is very easy to lower them, it is very difficult to bring the standards back to where they were before. In discussing this matter later on we must bear in mind that we cannot afford to go backwards; we have to go forward. It is impossible for us, by ourselves, to solve this problem of the national shortage of nurses. It means training more nurses; and how are we going to do that? It is very easy to say that we will turn more nurses out each year, but we have to have help; it is a national question. The responsibility of meeting this need rests not alone with our nurses, but with our legislators. I think the duty of our body is to formulate a plan of action that might be workable, as we are familiar with the needs and the situation; but we have to get assistance. We have made a great many plans

since the war started, but we have not received very much help from our legislators. There is not much to be gained by reviewing what has gone on since the war began in regard to the nursing profession; it is all ancient history now; but, as Miss Randal stated yesterday, our offer of help was not accepted. The result has been that a great many nurses who have gone overseas from Canada would not have been sent over by the nursing body; some of them have not been properly trained; some have had the proper training but have not the personality which is required to do good work among the soldiers overseas. A great many nurses have gone overseas who were no more fitted, and, in some cases, not as well fitted for overseas work as some of the V.A.D.'s who have gone over, for the latter are trained for the work they are put to do, and, while some of them may over-reach their limitations, that is not the fault of the system. Some nurses who have gone overseas have not been our representative nurses in any sense of the word. In saying these things I do not want to take any credit away from the nurses who have gone overseas, and I want it clearly understood that I appreciate as much as anyone what they have done. I do not think the defects I have referred to are traceable to this organization. We offered our assistance, and it was not accepted. The plan that we wanted to carry out in the beginning of the war was very much the same as Miss Deans outlined yesterday; I could not help being struck with the similarity of the plan. All we asked to do was to select the nurses—not to appoint them. We would collect their credentials; find out what sort of women they were; find out if the nursing bodies would vote for them, and so on, and then submit their names to the Government, who could do the appointing, which we did not ask to do. The plan of the American Red Cross is very much the same, as Miss Deans said yesterday; just as soon as a nurse enters the Military Service she passes out of the jurisdiction of the Red Cross altogether. The nursing body of the American Red Cross is nothing but a mobolizing organization to get the nurses collected and ready, and, after they are appointed, they have no further jurisdiction over them. Our organization was exactly the same. They succeeded in having their nurses appointed by the military body, and we did not. I think Miss Randal's suggestion on Monday about nurses mingling a little more with women's organizations might be very well carried out in this instance. The National Council of Women are very much concerned in anything that interests nurses, and we are going to need a good deal of explaining and publicity before we accomplish anything; and I think, if we could interest the National Council of Women in the national shortage of nurses, and the need of some action, that they would be of great value to us, if we publish the need and take what steps we can to meet it; then, if we fail in the second crisis, I do not see how we can be blamed for it; but we must do our part. The past year has been rather a busy one. A good deal of work has been done by the different committees, of which reports will be given by the conveners. The work itself has been excellent, and I think the organization owes the committees a very hearty

vote of thanks for the time they have devoted and the manner in which they conducted the work set out for them to do. I would like, personally, to thank the members of the Executive for their support during the year, and also the members of the Association. I hope that this Convention will be of benefit to all, and I trust you will all enter into the discussions, which are of interest to everyone, and thus make the meetings as instructive as possible. I would not like to close without speaking on behalf of this organization of the great loss we have sustained in the death of the late John Ross Robertson. I am sure the nurses all over Canada know Mr. Robertson, or know of him, but we in Toronto feel that we have lost a very dear personal friend. He has done a great deal for the nurses here. He gave us our club house; he has been the mainstay of our Children's Hospital; at any time anything was to be done for nurses, he was always the first one to offer; and, if he had been spared to be with us during this Convention, those of you who came from different parts of Canada would have gone home knowing Mr. Robertson, because he would have been very much in evidence, and very much interested in our work. I trust that, before this Convention closes, a suitable resolution will be introduced expressing to Mrs Robertson our feelings in relation to the death of Mr. Robertson. (Applause).

REPORT OF THE SECRETARY OF THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES

Madam President and Members of the Canadian Association of Trained Nurses:

The Sixth Annual Meeting of the Canadian National Association of Trained Nurses was held in Montreal on June 14th and 15th, 1917. The Executive appointed at this gathering held its first meeting on Friday, June 15th, 1917, in Montreal, the President in the chair. Committees were formed as follows:

Committee on Arrangements—Convener, Miss Potts, Toronto (to choose her own associates).

Committee in Publication—Convener, Miss Randal, Editor of the "Canadian Nurse."

Eligibility Committee—Convener, Miss Gilroy (to choose her own associates).

Programme Committee—Convener, Miss Prescott, Montreal (to choose her own associates).

Public Health—Convener, Miss Dyke, Toronto (to choose her own associates).

Nominating Committee—Convener, Mrs. Bligh, Halifax (to choose her own associates).

Owing to pressure of work during the Halifax disaster, Mrs. Bligh was obliged to resign the convenership, and Miss Kinder, of Toronto, was requested by the President to fill the vacancy.

Constitution and By-laws—Convener, Miss E. Dickson, Toronto (to choose her own associates).

Miss Fairlie, Montreal, consented to act as representative to the Woman's Century.

Resolution regarding conscription of nurses.

It was unanimously resolved that the Secretary be instructed to communicate with Sir Robert Borden, Prime Minister of Canada, assuring the Government of this Dominion that the Nurses of Canada would welcome conscription of their services for such duty as the Government chose to assign them. A courteous letter was subsequently received from the Premier, acknowledging this pledge of service. The meeting then adjourned.

The second Executive meeting was held in Toronto on September 8th, 1917, the President presiding. Seven delegates were appointed to attend the Conference of Charities and Correction held in Ottawa from September 23rd to 25th.

Business with reference to the "Canadian Nurse," and to resolutions presented by the National Council of Women, was also dealt with. The meeting then adjourned.

The third executive meeting took place in Montreal on April 20th, the President in the chair. A conference with the programme Committee took place, after which the following subjects were discussed:

(a) The shortage of nurses throughout the Dominion. In this connection a committee consisting of the President, Miss Hersey, Miss Stanley and Miss Fairlie, was appointed to draft a plan for increasing the student body in existing training schools, this plan to be submitted to the Federal Government;

(b) The resolution brought forward by the Toronto Local Council of Women regarding the training and standing of Voluntary Aid Nurses in Canada was discussed and the Secretary instructed to circularize the affiliated associations with a view to obtaining their opinion.

(c) The Secretary was also instructed to submit a suggestion to the affiliated organizations regarding the advancing of fees to cover individual subscriptions to the "Canadian Nurse."

Some other matters of routine business were transacted, which will appear elsewhere.

During the past year approximately two hundred and fifty communications have been sent out by the Secretary. Most of these were routine business communications with affiliated organizations.

At the request of the President the Secretary wrote to Sir Edward Kemp, at that time Minister of Militia, asking for information regarding the medical care of Nursing Sisters of the C.A.M.C. and Q.A.I.M.N.S. units. Assurance was given by him that the Military Hospitals Commission would deal with each case on its merits, and that the nurses would be adequately cared for.

One resignation from individual membership, that of Miss Mary Ard Mackenzie, was received and duly acknowledged with regret.

In conclusion may I thank the officers of the Canadian National Association of Trained Nurses, and especially the President, for the kindly help and forbearance which have gone far towards making the lot of your new and untried Secretary less difficult.

All of which is respectfully submitted.

ETHEL JOHNS, R. N.

It was agreed that business arising out of the Secretary's report would go to Committes.

The President said that, as it was desirable to hear from as many delegates as possible in each discussion, it would be well to limit the time

allowed each speaker, and also not to permit of a second speech on the same subject without permission, or until everyone had spoken who wished to do so.

On a vote being taken, a limit of three minutes was fixed.

The Secretary read letters from Mrs. Plumptre, Dr. Morse, the Victorian Order of Nurses, also Miss Hannington, re affiliation. (The latter to be taken up after the new Constitution is adopted).

The President, under the head of Reports of Standing Committees, said that Miss Prescott, Chairman of the Programme Committee, had worked hard for the programme in connection with Montreal members, and she thought the excellent programme spoke for itself. The Eligibility Committee would not report until after the new Constitution was adopted, as the action could be more intelligently taken then; the newly-received members would then be given voting power at this meeting.

Miss Randal read a report of the Committee on Publications.

REPORT OF PUBLICATION COMMITTEE

Madam President and Members of the C.N.A.:

I have the honor to present the report of the Publication Committee for the past year. At the last Convention Miss Fairlie was asked to take over the work of supplying the Woman's Century with suitable material. I append here her report: "I regret that there is very little to report from the Woman's Century. I sent in, from time to time, articles mostly on public health work, as it is a little difficult to find subject matter on nursing that is of sufficient interest to a lay paper.

"Unfortunately, these articles were not always published, and sometimes in a very condensed form. At the same time I think we should continue to give the paper our support, knowing, as we do, the up-hill work of running a magazine, and I think undoubtedly there has been a slight improvement in the articles published in the "Century" recently, and, probably with time and the increased opportunities of women, this will further improve interest."

Full stenographer's report of the 1917 Convention was printed in the "Canadian Nurse."

The "Canadian Nurse" Magazine has been used as a medium of getting a wide circulation of important announcements from our President and the Executive of the two nursing associations having a Dominion membership.

Respectfully submitted,

HELEN RANDAL,
Convener.

Miss Randal read the report on the *Canadian Nurse* and moved its adoption.

REPORT OF "CANADIAN NURSE" MAGAZINE

Madam President and Members of the C.N.A.:

In presenting the report for the year, June, 1917 to 1918, I regret to say that I have not as good a condition of our affairs to announce as I had hoped from the interested discussion at the Convention in Montreal last year. Our

change of plan in the price of the magazine has been all that has kept the bills paid. I feel sure that, had we still been charging $1.00 a year, by this time no monthly magazine could have stood it, and we should have been without any mouthpiece, so far as Canadian nurses go. I had the books audited December 31st, 1917, and the financial statement sent to the Executive through copies sent to the President and Secretary. I append the present financial statement made out to May.

I regret to say that the majority of our subscribers do not renew, and I must confess that I cannot quite see their point of view. As every delegate voted in Winnipeg to purchase and carry on their magazine, it seems to me to be their bounden obligation to support it. The Treasurer's report gave the sums sent in by the various affiliated associations as their assessment of the sum for the Editor's salary. Thanks to that and sums sent in by the C.N.A., from what source I do not know, my salary has been paid in full.

Conditions and plans for next year are now to be considered, and I must tell you that it is a critical time for our journal. Up to the present I have given the use of my house for an office, and also the use of the telephone, only charging for special long-distance calls. I have also paid for the use of the stenographer, whose services I have had to get at different times.

The space taken up for office work I cannot spare in the future, and I am suggesting that an office be shared with the G.N.A. of B.C., and a similar arrangement made with telephone and stenographer. The detail work of the clerical part of the magazine is very great, and I shall have to have some assistance in it.

On my way East I have stopped at several places and talked to groups of nurses, and hope to do more on the return trip. It has been astonishing to see how few really understood the situation, the way we acquired the magazine, or the fact that each was really pledged to help.

I feel certain that, if anyone really interested would work in each section, there would be no more complaints of financial trouble. One of our Provinces, Saskatchewan, at their recent Convention, made a definite campaign to get every one of their registered nurses to subscribe, and are circularizing them, asking them to take it and to get another subscriber as well. It is only too true that the number of nurses sufficiently interested to form a live committee for subscription purposes in each section is appallingly small. It is hard work; the nurses have to be seen, repeatedly urged, money collected and sent on by the Committee before it is accomplished. Special mention should be made of Miss Elizabeth Scovil, who has given so much time towards her two departments in the journal, and to Miss Dyke, who has spent much energy getting Provincial news of the Public Health work of our great Dominion.

In regard to advertising, there has been a falling off of some of our best advertisers. This is due to several reasons, chief of which is the fact that manufacturers cannot obtain raw material, and, therefore, are not willing, naturally, to spend money on advertisements when there is no chance of filling orders.

Financial Statement, January, 1918, to May 25, 1918

RECEIPTS

Cash Receipts on hand at 1st January	$429.13	
Subscriptions	981.75	
Advertising	765.64	
Assessments	321.60	
		$2,498.12

DISBURSEMENTS

Publication (not including May issue)	$832.50	
Salary	530.00	
Expenses	58.87	
		$1,421.37
On hand		$1,076.85

More departments might be formed, and many improvements made in the journal, but, so far, we have had to cut our garments according to the cloth supplied, and no one realizes as well as the Editor that much remains to be done before we can come up to some of the professional magazines of those nurses further South.

Respectfully submitted,

HELEN RANDAL,
Editor.

The Secretary read a summary of replies to a circular sent out to all affiliated organizations asking if the fees of affiliated associations should be increased to include subscription to the *Canadian Nurse*.

SYNOPSIS OF REPLIES

Regarding suggestion of raising association fees so as to include subscription to "Canadian Nurse:"

Reply

Winnipeg General A. A. Reply—Do not endorse suggestion and are unable to make alternative suggestion, as they were not familiar with present financial standing of the Canadian National Association.

Manitoba Association Graduate Nurses—Reply in negative. Suggest circularizing overseas members of C.A.M.C., asking for subscription and material for publication. Every nurse must support the "Canadian Nurse," whether at home or overseas.

Grace Hospital A. A., Toronto; Toronto General Hospital A. A.—Endorses suggestion; subscription price already included in Association fees.

Graduate Nurses' Association of Bitish Columbia—Reply negative; suggest that as many nurses as possible subscribe $10, this to cover their subscription for five years and afford a working capital. An effort to be made to reach 2,000 nurses in this way.

Graduate Nurses' Association of New Brunswick—Reply negative; present system to be given larger trial.

Hospital for Sick Children A.A.—Could give no definite answer.

Graduate Nurses' Association of Calgary—Do not endorse suggestion.

TREASURER'S REPORT—GENERAL ASSOCIATION FUNDS

Total Receipts

Fees	$195.80	
Fund "Canadian Nurse"	710.00	
Tax, per capita	555.50	
Returned Railway Certificate	1.75	
Returned President's Expenses	59.25	
Interest	2.58	
		$1,524.88
Balance, June 17		355.87
		$1,880.75

Expenditure

President's Expenses	$200.00	
Evans & Hastings	7.15	
Dr. Abbott's Books	11.25	
"Canadian Nurse" Board	500.25	
Miss Randal	400.85	
Printing Report	175.00	
Alex. McIver	16.85	
Forms, Receipts	6.75	
Treasurer, Postage and Exchange	20.00	
National Council of Women	10.15	
Miss Gunn	10.15	
Exchange	.30	
		$1,359.20
Balance in Bank		521.55
		$1,880.75

TAX PER CAPITA FOR EDITOR'S SALARY

Kingston General Hospital Alumnae Association	$ 12.00
Victoria Hospital Alumnae Association, London	10.25
Nicholls Hospital Alumnae Association	2.50
Eastern Townships Graduate Nurses' Association	7.00
St. Boniface Alumnae Association	10.00
Hamilton City Hospital Alumnae Association	25.00
The Florence Nightingale Association	15.00
Western Hospital Alumnae Association, Toronto	5.00
Royal Victoria Hospital Alumnae Association	75.00
G. & M. Hospital Alumnae Association, Collingwood	5.00
Montreal General Hospital Alumnae Association	25.00
Victoria Hospital Alumnae Association, London	11.00
New Brunswick Graduate Nurses' Association	33.75
Graduate Nurses' Association, Thunder Bay	3.50
Miss Fisher, Thunder Bay	1.00
Grace Hospital Alumnae Association	10.00
St. Michael's Hospital Alumnae Association	29.75
Hospital for Sick Children Alumnae Association	16.00
Alberta Graduate Nurses' Association	67.50
Riverdale Hospital Alumnae Association	12.25
Medicine Hat Graduate Nurses' Association	6.50
Victoria Nurses' Association, B. C.	14.00
Kitchener and Waterloo Nurses' Association	10.25
Woodstock General Hospital Alumnae Association	10.00
Victoria Hospital Alumnae Association, London	5.75
G. & M. Hospital Alumnae Association, Collingwood	5.00
Owen Sound G. & M.	5.50
Toronto General Hospital Alumnae Association	75.00
Guelph General Hospital Alumnae Association	10.00
Wellesley Alumnae Association	8.00
New Westminster Graduate Nurses' Association	4.00
Toronto Hospital for Incurables	3.00
Brantford General Hospital Alumnae Association	1.75
Hotel Dieu Alumnae Association, Windsor	9.50

St. Luke's Hospital Alumnae Association, Ottawa	5.00
Graduate Nurses' Association, Ontario	5.75
	$635.50

TAX—PER CAPITA—SENT TO EDITOR

Regina Graduate Nurses' Association	$ 13.00
Graduate Nurses' Association, Nova Scotia	15.00
Winnipeg General Hospital Alumnae Association	50.00
Women's Hospital Alumnae Association, Montreal	5.00
Calgary Nurses' Association	10.35
Manitoba Graduate Nurses' Association	20.00
St. Joseph's Hospital, Chatham	5.00
Canadian Nurses' Association, Montreal	25.00
	$143.35
Saskatchewan Graduate Nurses' Association	80.00
Toronto Hospital for Incurables	3.00
Jeffrey Hale's Hospital, Quebec	5.00
Vancouver General Hospital Alumnae Association	8.00
Vancouver Graduate Nurses' Association	25.00
Graduate Nurses' Association of B. C.	17.00
	$201.35

The President called for discussion of the *Canadian Nurse* report, and several members spoke. Several plans were suggested as to the future support of the magazine, one, the plan approved by the Executive and sent to each of the affiliated societies before the meeting; another was to make an effort to get at least 2,000 subscribers who would be willing to pay for a five-year subscription at once; this would give a fund for working purposes, save clerical work and expense, etc., to ask the various organizations to give systematic support as long as required, and, last but most practical, to make a determined effort to have every nurse in Canada canvassed by the local committee and obtain her subscription. It was finally decided to ask the Association for help, and to obtain as many subscriptions as possible. It was suggested by Miss Snively that individuals had helped the American Journal in its infancy by individual gifts, and started this fund by her own personal cheque. This was followed by a number of others, and Miss Matthieson was appointed to receive contributions towards this fund. The President called for a standing vote on the plan that each affiliated society would be responsible for a certain sum and the means of raising it left to each association. This was unanimously adopted. Mrs. Morgan Dean, representing the Woman's Century, the official organ of the National Council of Women, read a letter from the Editor offering free space in the magazine for items and reports of nurses' work. The President thanked Mrs. Dean for her offer, said it had been felt very often, and expressed the opinion that the Canadian nurses needed the help of other women's organizations. Every member of the recent Conference held in Ottawa felt

that there should be some connecting link between the women of Canada and the Government of Canada. At present we have no such link.

The Secretary read the roll-call by organizations. She also read the financial statement of the Canadian National Association of Trained Nurses, sent by the Treasurer, Miss DesBrisay, who was unable to be present. It was moved and carried that, as Miss DesBrisay had decided to resign the office of Treasurer, which she had held for several years, that a letter of recognition of her work be sent to her.

Miss Dyke read the report of the Committee on Public Health Nursing.

REPORT OF COMMITTEE ON PUBLIC HEALTH NURSING

Madam President and Members of the Canadian National Association of Trained Nurses:

I have the honor to submit the following report for the Committee on Public Health Nursing:

The representatives appointed by the Provincial Executives for the year ending June, 1918, are as follows:

Nova Scotia, Miss Eveline M. Pemberton; New Brunswick, Miss Sarah Brophy; Quebec, Miss Anna Hay-Browne; Ontario, Miss N. J. Jamieson; Manitoba, Miss Elizabeth Carruthers; Saskatchewan, Mrs. E. M. Feeny; Alberta, Miss Edith M. Rutherford; British Columbia, Miss Helen Bone. Convener, appointed by the National Executive, Miss Eunice H. Dyke.

Nova Scotia and Manitoba have appointed Provincial Committees on Public Health, with the representatives to the National Committee as local conveners.

Each member of the Committee has made an effort throughout the year to keep in touch with the public health nurses of her province and to report progress to her Provincial Executive.

At the request of the Editor of the "Canadian Nurse," the Committee has also undertaken, since November, to provide a page of public health news items for the magazine.

While there are many subjects commanding the attention of members of the Committee, the two which seem to be of such immediate importance that we have decided to limit our report to their consideration, are the training of nurses for public health work and the relationship of the public health nurse to the Provincial and National Associations.

The first subject, therefore, for consideration is the training of nurses for public health work. Four methods are found to be in existence in Canada—lecture and field work for student nurses, post graduate courses with theory and field work; special lectures available for the general public, including nurses, and special departments in newspapers and magazines.

Reports have been received of special public health training being given to pupil nurses by the following training schools:

Halifax—Victoria General Hospital; lectures only.

Toronto—Lectures provided by the Department of Social Service of the University for senior pupils of all training schools. Field work provided for six pupil nurses of the Toronto General Hospital in connection with the Social Service Department of the Hospital, and for four pupil nurses of the Toronto Western Hospital in connection with the Department of Public Health. Plans are under consideration for providing field work with the Department of Public Health in connection with the lecture course given by the Department of Social Service of the University.

Melfort, Sask.—Field work to about three senior pupils each year, under supervision of Victorian Order nurse.

Post-graduate courses in public health nursing seem to be more general than those for undergraduate nurses. The Victorian Order was the first to organize for this purpose and at present gives a four-months' course in each of four centres: Ottawa, Montreal, Toronto and Vancouver. Reports of the number of pupils enrolled or of the theory and field work provided, have not been received from the Committee. The courses reported by the Committee are as follows:

Montreal—Victorian Order.

Ottawa—Victorian Order.

Toronto—Victorian Order.

In 1916 and 1917 a scholarship was granted to graduates of the Toronto General Hospital providing for a year with the Department of Social Service of the University. This year two have been granted.

Field work has been given by the Department of Public Health for varying periods to nurses from other cities and towns to Victorian Order Nurses in connection with their post-graduate course, to the nurse appointed by the Provincial Department of Public Health, and to the scholarship nurse of the Toronto General Hospital.

The nurses appointed by the Department of Public Health are required to take the social service lectures of the University during their first year on the staff, if the examination has not been taken before graduation. Twenty-four were enrolled this year. In addition a lecture course has been provided for the entire staff by the Director of Social Service of the Department. Necessary medical lectures are also provided.

Winnipeg—A short course of lectures and clinics is provided for the nurses of the Provincial Department of Public Health.

Regina—In April the first three nurses were enrolled in a post-graduate course, provided by the Department of Education, for school nurses.

Edmonton—A summer course is to be conducted this July at the University of Edmonton.

Vancouver—Victorian Order.

The information at hand regarding special lectures on public health subjects for the general public, including nurses, is incomplete, as the members of the Committee did not agree in their understanding of the questionnaire sent out by the Convener.

Nova Scotia—Occasional lectures provided by the Graduate Nurses' Association. Frequent conferences have been held in Halifax during the past year between the local welfare organizations and the representatives of the American Civilian Relief, the American Red Cross, and others called in to assist at the time of the disaster.

New Brunswick—The passage of the new Public Health Act has stimulated widespread attention to the various aspects of public health work.

Quebec—No information.

Ontario—Frequent public meetings have been held under various auspices to rouse the public to the need for action in the matter of feeble-mindedness and venereal disease. As a result, legislation providing for the control of venereal disease takes effect in July.

The beginnings of a similar campaign of publicity to secure Mother's Allowances are noticeable. One of the organization meetings was held in the Toronto Graduate Nurses' Club. The Women's Institute Branch of the Department of Agriculture carry on continual propaganada in connection with medical inspecion of schools and provide lectures on Home Nursing and health topics.

The Child Hygiene division of the Provincial Department of Public Health has a travelling exhibit and has helped a number of cities and towns to organize a "Baby Week."

Hamilton established a lecture course in general social service work, with the assistance of the Department of Social Service of Toronto University. A number of graduate and undergraduate nurses were enrolled for the course.

Manitoba—No information.

Saskatchewan—The Provincial Health Commissioner has given lectures throughout the Province on the subject of venereal disease, with the result that Saskatchewan has already secured progressive legislation for the control of venereal disease. The Field Secretary of the Social Service Department of the Methodist Church has delivered at least fifty addresses throughout the Province on "Conservation of our Human Resources," "Child Welfare," and other subjects. "First Aid" and "Home Nursing" courses (St. John's Ambulance) have been held in various cities and towns. The Superintendent of School Hygiene gives a course of lectures to each Normal Class in training in the Province.

Alberta—Calgary reports a Baby Welfare week in May.

British Columbia—No information.

Upon the point of magazine and newspaper publicity the reports are also incomplete, but interesting.

"The Canadian Nurse" is devoting a section to Public Health news. The "Canadian Journal of Public Health" has been reorganized and is carrying on an aggressive public health campaign which should give it a place in the libraries of all training schools. The "Quarterly," published by the Organization of Public Health Nursing of the United States, has an increasing number of Canadian subscribers. Daily papers in all the Provinces reflect the growing health movement throughout Canada, and bulletins are issued by some of the municipal and provincial departments of public health. Toronto reports a regular department in a weekly paper conducted by the Division of Child Hygiene of the Department of Public Health.

The reports received of educational work along public health lines for the general public indicate that the nursing profession is following rather than leading in the movement. It is possible that the increasing number of courses for graduate and undergraduate nurses are the result of pressure brought to bear upon the nursing organizations.

The second subject considered by the Committee was the relationship of the public health nurse to her provincial and national associations.

In order to learn how many public health nurses are not yet members of their provincial associations, letters were sent throughout her Province by each member of the Committee to the nurses engaged in any form of nursing which has as its object the prevention of disease. The following information has been forwarded to the Convener:

	Number of Public Health Nurses		Eligible for Provincial Ass'n.		Members of Provincial Ass'n.	
	V.O.N.	Other	V.O.N.	Other	V.O.N.	Other
Nova Scotia.....	20	4	20	2	2	2
New Brunswick..	4	1	4	1	1	1
Quebec	65	21	14	19	3	3
Ontario	58	126	58	126	5	79
Manitoba	8	44	8	44	1	27
Saskatchewan ...	3	11	3	10	—	10
Alberta	9	15	9	15	1	8
British Columbia	22	12	22	12	3	11
	423		353		167	

At the last annual meeting of the Canadian National Association the recommendation of the Committee was adopted that Public Health Nurses should be urged to identify themselves with their provincial associations. Of the 423 public health nurses reported, only 167 have become members of their associations. One cause of this failure to join their associations is possibly that the nursing profession as a whole is not interested in the subjects commanding the attention of the public health group.

Public health nurses have opportunities and problems which have little interest for those nurses specializing in institutional management and the training of pupil nurses for hospital or private duty, or for those graduate nurses interested primarily in the treatment of disease rather than in the prevention of disease.

A few of the problems peculiar to public health nurses, whether engaged in visiting nursing, school, tuberculosis, industrial or child welfare nursing, or in hospital social service, are:

1. Central nursing homes for visiting nurses.
2. Advisability of uniforms; when are they necessary?
3. Night calls; how to combine with routine duties.
4. Records for district visiting and for social service work.
5. Hours on duty and vacations.
6. Salary; when should maintenance be included?
7. Relationship of the nurse to her Board of Directors.
8. Relationship of the graduate to the undergraduate nurse when both are employed by the same Board.
9. Relationship of the graduate to the undergraduate nurses employed by different Boards.
10. Relationship of nurses appointed by municipal and provincial organizations to those appointed by voluntary organizations.
11. The advisability of placing nurses employed by different associations under united administration.
12. Comparative value of specialized and generalized public health nursing.
13. Relationship to the private physician when the nurse is the employee of a dispensary or Department of Public Health.
14. Should the suggested plans for national health insurance provide for nursing? If so, what effect would such a bill have upon existing organizations of public health nurses?
15. When should a public health nurse give material relief?
16. When are milk depots a justifiable relief measure?
17. Relationship of nurse to social agencies in the community.
18. Should the public health nurse be required to address public gatherings and provide public health material for local newspapers?
19. How can the training in sanitation, social service and administration be secured?
20. Should a nurse undertake public health nursing without postgraduate training?

These are problems which need more consideration than can be given by nurses specializing in other branches of the profession, and yet the Committee is unanimous in reporting that the public health nurses of Canada lack the group consciousness needed to study difficult and important problems. The nurses of the Victorian Order have an "esprit de corps" which should be helpful, but of the total of 423 public health nurses reported only 189 belong to the Order.

The conference of Victorian Order Nurses, held recently in Ottawa, passed resolutions which aim to bring about a closer relationship with the

Canadian National Association of Trained Nurses, and the Superintendent of the Order has coöperated with the Committee in securing the figures quoted.

The question, therefore, brought before you by the Committee is whether the time has come when our National Association should form a public health nursing section.

Such a recommendation was presented to the Committee for discussion. The argument in favor of the plan is that a section would attract the public health nurses of Canada into membership in the National Association by bringing the varied elements of the public health group together to consider subjects of peculiar interest to them.

A distinct organization such as that established by the superintendents of training schools has not been suggested, because it is necessary to maintain the closest possible relationship with the National Executive and association. A section would safeguard the standards of service given by the public health group as a separate organization might not be able to do if unusual pressure should be exerted by the general public to increase the number of nurses rapidly at the expense of efficiency. The fact that resolutions passed by a public health section would require endorsation from the National Executive brings the experience of other branches of the profession to bear upon any proposed action of the section.

The recommendation forwarded to the Committee by the Convener was as follows:

(a) That the recommendation of the Constitution Committee of the Canadian National Association, providing for sections, should be adopted;

(b) That the Canadian National Association proceed to organize a public health section.

The replies received are not conclusive. Members of the Committee from Quebec, Saskatchewan, Alberta and British Columbia have not expressed an opinion.

Miss Pemberton, of Nova Scotia, refers to a reply forwarded to the Constitution Committee by her Association.

Miss Brophy, of New Brunswick, writes: "I strongly endorse recommendations (a) and (b)."

Miss Jamieson, of Ontario, advises referring the question to the Canadian National Association for discussion.

Miss Carruthers, of Manitoba, reports that her local committee is opposed to the formation of sections.

The recommendations that the Canadian National Association should amend its constitution to provide for sections and proceed to organize a Public Health section are therefore presented by the Committee to the Annual Meeting for consideration.

We know that, in discussing this proposed plan, you will keep before you the essential fact, which is that public health nursing has become of national importance in these days of reconstruction, and that one task of the Canadian National Association must be to strengthen its public health group in every way possible.

With a probable total of 6,000 Public Health nurses in the United States, the Nursing Committee of the Council of Defense, in Washington, recommended that these nurses should not volunteer for military service, and urged additions to their numbers. The War Office in London has taken the same stand.

With a probable total of only 423 Public Health nurses in all Canada, the Canadian National Association of Trained Nurses must face the public health problems resulting from four years of war added to the ever-present need for town and country district nursing.

This total of 423 Public Health nurses is made up of Victorian Order nurses and a great variety of other Public Health nurses working in groups or as individuals. It is acknowledged by the entire Committee that the inspiration that comes from united effort is lacking.

We ask you to decide whether a public health section of the Canadian National Association will provide more fully for united effort than our present standing committee on Public Health Nursing.

EUNICE H. DYKE,
Convener.

The meeting then adjourned till the afternoon meeting.

At the opening session at 2.45 p.m., Miss Elizabeth Russell, of Winnipeg, Superintendent of the Provincial Health Nurses of Manitoba, read a most instructive paper on Public Health Nursing in Manitoba.

As the Hon. G. P. Smith, Minister of Public Health, Alberta, was in the audience, the President called on him to say something about public health nursing in that Province. He stated that they had only started recently in definite provincial work with district public health nursing. They chose only registered nurses, gave them a two-months' course at the University of Alberta, theoretical work with the practical working under the school nurses in Calgary and Edmonton. With that equipment they took their stations at five widely-separated points in the Province. They would inspect the schools along lines similar to those outlined by Miss Russell, and visit the homes in the afternoon. They will also give addresses and demonstrations to the Women's Institutes, with 9,000 members, and the United Farm Women, with about as many more members. He outlined the plan of the Municipal Hospital Bill, dividing the Province into districts, where hospitals will be established, maintaining them by taxation, supplemented, where necessary, by fees for nursing and extra services. It was hoped that these public health nurses will co-operate, the hospital being the base of operations and the field work being of an educational nature.

Miss Rutherford's paper on Public Health Nursing in Alberta was then read. In the discussion of these two papers it was asked how the co-ordination of provincial work, with that already existing, done by other organizations already in the field might be accomplished. It was explained that that was a condition noticed probably more in the East as in the Western provinces, the difficulty was to provide workers in a comparatively open field. The Victorian Order worked through the West, but there was no conflict with them. Where they have small hospitals, cases were referred to them, but they have no out-door departments in the smaller towns. It is the intention in Manitoba later to have travelling eye, ear and throat specialists as well as dentists, follow the nurse, and the time spent in this work will be charged up to the munici-

pality. The work of the school nurse is, of course, the inspection of the school children and educational work, but the idea is to endeavor, whenever possible, to inspect the smaller children in the homes during the home visit. The public service nurse has a district of about 15 to 20 miles in area, and, when there is no sickness, she examines the school children, but her work is so arranged that she makes a complete systematic tour of each village. She visits every farm house in the district, does practically visiting nursing where there is sickness.

Miss Bertha Pickles, Superintendent of Nurses, Victoria General Hospital, Halifax, N.S., gave a most interesting paper on the "Work of the Graduate Nurses during the Halifax Disaster."

Mrs. Henderson, of Montreal, who is in charge of the V.A.D. work in that city, gave a paper on the work of the V.A.D.

An interesting discussion took place on this paper, particularly in an effort to get a better idea of just what the V.A.D. would do after the war, and the proposed plan of the St. John's Ambulance Brigade to provide the Government with the entire personnel for the Military Hospitals, including the nursing staff. This brought out the information that the military authorities had definitely refused the plan of the Graduate Nurses' Association, represented by a delegation from the C.A.N.E. and the C.N.A., who met the Director-General in Ottawa and placed their plan of providing the nursing material for the military hospitals in a way that would help, not harm, the civil training schools now and in the future. The feeling was that, while the V.A.D. had undoubtedly helped, the same help could have been arranged for in a manner that would not leave us at present with a shortage in the applicants for training in the regular schools.

Miss Dyke was then asked to read once more the recommendations of the Public Health Committee, and to start the discussion. She spoke of the difficulties in getting sufficient interest taken by the Committee in the problems of the public health nurses, which she considered problems of their own and not common to all the profession. She hoped that, when the plan of having a separate section of the C.N.A. came up in the discussion of the new constitution, all would see the value of this and vote accordingly. It was objected to by several members on the ground that these so-called problems were problems in which all were interested, and that no one branch of nursing work could appropriate the public health work as all nursing was to be so designated. It was decided to leave the question for discussion again, when the clause in the constitution would be considered. The session was adjourned.

The opening business of the session of the second morning was the discussion of the proposed Constitution and By-laws, which was opened by the Convener of the Committee for the revision, Miss Dickson. She explained the reasons why the Committee thought the changes would benefit the Association. After much discussion of the various clauses, in which many joined, the following was accepted as the revised Constitution:

CONSTITUTION

Article I.—Name

The Association shall be known as the "Canadian National Association of Trained Nurses."

Article II.—Objects

1. The objects of this Association shall be to encourage mutual understanding and unity among Associations of Trained nurses in the Dominion of Canada.

(a) To elevate the standard of professional education and promote a high standard of professionl honor among nurses in all their relations;

(b) To encourage a spirit of sympathy with the nurses of other countries;

(c) To acquire a knowledge of the methods of nursing in every country;

(d) To afford facilities for international hospitality.

Article III.—Officers

The officers of this Association shall be a President, a First Vice-President, a Second Vice-President, a Secretary and a Treasurer.

BY-LAWS

Article I.—Membership

1. Membership in this Association shall consist of Nursing Organizations whose members are graduates of training schools connected with hospitals giving a continuous training of not less than two years or giving an equivalent training in one or more hospitals. This training must include practical experience in caring for men, women, and children, together with theoretical and practical instruction in Medical, Surgical, Obstetrical and Children's nursing. The daily average number of patients shall be that established by the Provincial Organization in the Province from which the application for membership comes.

2. Any Organization desiring to join this Association shall make application on a blank form furnished by this Association and shall send it with a copy of the Constitution and By-laws. Such application and constitution and By-laws shall be forwarded to the Convener of the Membership Committee.

3. (a) Honorary Membership may be conferred by a unanimous vote at any bi-ennial convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the name having been recommended by the Board of Directors. Honorary Membership may not be conferred on more than two persons at any bi-ennial convention.

(b) Honorary Membership may be conferred on any nationally organized nursing association approved by the Board of Directors.

Article II.—Representation

1. The voting body at each convention shall consist of the regularly accredited delegates from the Organizations holding membership in this Association.

2. Each Organization shall be entitled to one vote for every 50 members. Any Provincial Organization having less than 50 members shall be entitled to one vote.

3. No Organization shall be entitled to more than 10 votes.

4. Each Organization shall be entitled to one voting delegate for each of its 50 members, until the maximum number of votes is reached, and each delegate shall cast one of the votes of the Organization. Should a sufficient number of accredited delegates be unable to attend the Convention, the remaining delegates to cast the votes to which the Organization is entitled.

Article III.—Board of Directors

The Board of Directors of this Association shall be composed of the President, Vice-Presidents, Secretary, Treasurer and two Councillors from each Province.

Article V.—Duties of Officers

1. The President shall preside at all meetings of this Association and shall be ex-officio a member of all committees.

2. The Vice-Presidents shall, according to their rank, in the absence of the President, perform the duties of the President.

3. The Secretary shall keep a correct record of all meetings of this Association, notify members of all regular and special meetings, send a synopsis of all business transacted at any Executive meeting to all members of the Board of Directors, notify officers of their election, committees of their appointment, keep a correct list of names and addresses of members, and have the custody of all important papers. She shall turn over to her successor, within one month after the Convention, all Association property in her possession.

4. The Treasurer shall collect and have charge of all funds of this Association. She shall keep such funds in a bank designated by the Board of Directors; shall make all her payments by cheque, and pay only such bills as have been approved by the President. She shall submit her reports and accounts annually to the Auditors. She shall, when requested to do so, report the financial standing of this Association to the Board of Directors. She shall turn over to her successor, within one month after the Convention, all Association property in her possession.

Article VI.—Duties of Directors

1. The Board of Directors shall transact the general business of this Association in the interim between biennial conventions.

2. It shall hold a meeting immediately preceding and immediately following each Convention of this Association, and shall meet at other times upon the call of the President or upon the request in writing of two or more of the organizations holding membership in this Association.

Article VIII.—Sections

1. Upon approval of the Board of Directors any group of mebmers interested in a special branch of nursing may form a section, such section to be known as "The —— Section of the Canadian National Association of Trained Nurses."

2. Any standing committee dealing with a particular branch of nursing shall cease to exist when a corresponding section is formed.

3. All By-laws of Sections must be approved by the Board of Directors before adoption.

4. Any resolution affecting the Association as a whole must be approved by the Board of Directors before final adoption.

5. A report of all meetings of Sections must be sent to the President and Secretary of the Canadian National Association of Trained Nurses.

Article IX.—Elections

1. The Officers and Councillors shall be elected biennially by ballot.

2. A majority vote of those entitled to vote, and voting, shall constitute an election.

3. On the first day of the Convention the President shall appoint two scrutineers (not official delegates), who shall report the results of the election to the Association.

4. The Secretary shall furnish the Chairman of the Scrutineers, not less than two hours before the opening of the polls, a list of those entitled to vote, and the number of votes to which each is entitled.

5. The Scrutineer shall place her official mark upon the back of the ballot and the voter shall then deposit the ballot.

6. Each officer shall hold office until the adjournment of the Convention following that of her election.

7. In case of a vacancy in any office, the President shall appoint a member to service until her successor is elected.

8. If any Councillor finds it necessary to relinquish her duties during her term of office, the Provincial organization of the Province which she represents will appoint her successor.

9. Delegates from organizations holding membership shall, before registering, present a card signed by the President and Secretary of the organization which they represent.

Article X.—Dues

The Annual Dues for each organization holding membership in this Association shall be ten cents per capita. All dues shall be paid not later than January 31st of each year. The dues shall be based on the paid up membership of the preceding year.

Article XI.—Meetings

This Association shall hold an annual meeting at such time and place as may be determined by the Board of Directors.

Article XII.—Quorum

1. The number of delegates present at any convention shall constitute a quorum.

2. A quorum of the Board of Directors shall be five members.

3. A majority of any committee shall constitute a quorum.

Article XIII.—Standing Committees

1. The Standing Committees shall be as follows:
   (a) Membership;
   (b) Publication;
   (c) Arrangements;
   (d) Programme;
   (e) Nominating;
   (f) Public Health;
   (g) Nursing Progress.

2. The Membership Committee shall consist of three members, who shall investigate the eligibility of all nursing organizations applying for membership in this Association. It shall report its findings to the Board of Directors, whose decision as to eligibility shall be final.

3. The Publication Committee shall consist of three members, one of whom shall be the Secretary and one the Editor of the "Canadian Nurse" Magazine.

4. The Committee on Arrangements shall consist of not less than five members. The Convener of this Committee shall be a resident of the city in which the meeting is to be held. It shall make all local arrangements for the Convention and superintend the registration of visitors.

5. The Programme Committee shall consist of five members. It shall prepare and arrange the programme of papers and discussions, and, in conjunction with the Board of Directors, prepare a complete programme for the annual Convention.

6. The Nomination Committee shall consist of five members, two of whom shall be appointed by the Chair and three by the Association. On or before January 1st preceding the annual Convention, this committee shall issue a blank to each provincial organization holding membership in this Association, requesting one nominee for each office to be filled, and their nominee for Councillor. The organization may select the officers from the Dominion and shall select the Councillor from within its own Province. Blanks shall be returned to the Nomination Committee not later than two months preceding the annual Convention. From these returns the committee shall prepare a ticket of nominations consisting of, in the case of officers, the two nominees receiving the highest number of nominations for each office, and expressing a willingness to serve, if elected, and, in the case of Councillors, of the three nominees receiving the highest number of votes from each provincial organization. This ticket shall be mailed to each organization at least one month previous to the Convention.

7. The Public Health Committee:—
   (1) Committee on Public Health Nursing shall consist of a Convener appointed by the Board of Directors and one representative appointed by each provincial organization holding membership;
   (2) The duties of the committee shall be to interest the members of the Association and the public in preventive medicine and public health nursing;
   (3) The Committee shall provide suitable material for a section of the "Canadian Nurse," to be known as "The Public Health Nursing Section."

8. Nursing Progress:—

(1) The Committee on Nursing Progress shall consist of a Convener appointed by the Board of Directors, and one representative appointed by each provincial organization holding membersihp;

(2) The duties of this Committee shall be to observe the development of nursing and allied work, and to keep the members informed through the official organ of this Association.

9. Standing Committees may be formed at any annual meeting.

Article XIV.—Amendments

1. These By-laws may be amended at any meeting of this Association by a two-thirds vote of delegates voting.

2. All proposed amendments shall be in possession of the Secretary at least two months before the date of the meeting and shall be printed in the notice calling for the meeting.

E. MacP. DICKSON,
EUNICE H. DYKE,
FLORENCE POTTS,
BELLA CROSBY,
JEAN I. GUNN,
} Committee.

The President then asked Miss Stanley to read the report of the Committee who went to Ottawa to interview the Director-General of Medical Services to present the plan of the Graduate Nurses' Association to furnish nursing care for the soldier returned to Canada in the Military Hospitals.

REPORT OF SPECIAL COMMITTEE

Proposed plan, recommended by the Canadian National Association of Trained Nurses, to meet the demands of Nurses in the Military Hospitals of Canada.

Your Committee begs to present the following report:

In view of the shortage of nurses in Canada for military and civil work, and recognizing the greater need of the former, the Canadian National Association deemed it advisable, as a nursing organization, to seek an interview with the Militia Department at Ottawa, and requested, at the same time, the privilge of presenting a definite plan, approved of by the Executive Committee of the organization, to provide nursing care in Military Hospitals.

Accordingly, by appointment, Miss Gunn, President of Canadian National Association, with Misses Flaws, Hersey, Fairlie and Stanley, on May 14th waited upon General Fotheringham, Director-General of Medical Service, Ottawa, and presented the following suggestions for his consideration:

Toronto General Hospital,
May 13th, 1918.

General Fotheringham, Director-General of Medical Services,
Ottawa, Ontario.

Dear Sir:

The Canadian National Association of Trained Nurses wishes to bring to your attention the matter of the great shortage of nurses in Canada, both for military and civil work, and to suggest a plan which the Executive Committee of the above organization approves.

The shortage of nurses has been most acutely felt throughout the entire Dominion during this last year, and there is no remedy unless some definite plan is adopted to train more nurses.

At the present time the most urgent need is to provide nursing care for the military hospitals throughout the Dominion, both in the hospitals under the C.A.M.C. and those under the Invalid Soldiers' Commission. Three possible ways of supplying this need are: First, organizing training schools for nurses in the military hospital. Second, by extending the V.A.D. service under the St. John Ambulance Brigade.

To adopt either of these two plans would not solve the problem, and the reasons for this decision on our part are as follows:

The first plan, that of organizing schools for nurses in the military hospitals, has these objections:

1. The pupil's experience is limited to dealing entirely with male patients.
2. The practical experience of the pupil is limited to the kind of patient treated. In the majority of hospitals it would be largely surgical.
3. The discipline of the pupil could not be as satisfactorily carried out as in a civil hospital.
4. Difficulties would be met in trying to complete the pupil's training in the care of women and children. Affiliation would have to be provided for the following branches: Obstetrical training, two months; surgical and gunaecological, two months; medical (in the average hospital), 2 months; children, two months. This would make the plan a very expensive one for the Government, as affiliated training of at least eight months would have to be provided. During this time the Government receives no service from the pupil.
5. There are other branches that might be added, but the above explains the point. The pupils in the military hospitals could be sent to different branches within themselves, such as mental, tuberculosis, orthopedic, etc., but it would be impossible to give the necessary training with women and children in any military hospital.
6. Another serious objection, and a very far-reaching one, is that the civil hospitals would find difficulty in keeping their pupils up to the required number, as every prospective pupil will want to train in a military hospital and nurse the soldiers.

In the question of employing voluntary aids through the St. John Ambulance Brigade, we would point out a few of the objections to such a means being taken to meet the present great national need. Before stating these objections, we wish to point out that the Canadian National Association of Trained Nurses realizes and appreciates the very splendid work being done by the Voluntary Aids during the war, and that it is not in any spirit of criticism that the following statements are made:

1. The most outstanding problem facing us to-day is the shortage of properly-trained nurses. Canada needs more graduate nurses than she has at her command, not alone for military work, but to meet the need of the civil population. The Victorian Order of Nurses is critically handicapped for lack of nurses. This organization has funds to spend on work most urgently needed and cannot secure the nurses to do the work. The needs of the people in our great North-West are practically not considered in the least degree. Every city suffered last winter in not having nurses to do the required work in the community. Calls for public welfare nurses are increasing daily.

Canada needs graduate nurses to carry on the nursing work of the Dominion now and after the war as well. Employing Voluntary Aids may partially meet the immediate need of the military hospitals, but fails utterly to meet the national need for nurses in this great Dominion. Why adopt a temporary measure?

2. Another objection of, perhaps, secondary importance, but, nevertheless, worthy of present consideration, is the status of the Voluntary Aids, or partially trained nurses, after the war. So few Provinces have any adequate form of legislation that it will be absolutely impossible to control their activities in any way. If these women undertake nursing without proper training, and many will undoubtedly do so, the public will pay the penalty, as they have no means of knowing the type of nurse they are employing until it is too late.

After considering the question of meeting the future as well as the present need, we beg to offer the third plan for consideration. The civil hospitals throughout the Dominion now conducting training schools for nurses could easily train more nurses than they are training at present. Each hospital has in training only enough pupils to do the nursing work required in the hospital, but has the facilities for training more pupils without much additional expense. The need in all hospitals is one of housing. The civil hospitals at present are meeting their financial responsibilities with great difficulty and could not possibly undertake additional expense even in so patriotic a cause.

The suggestion is, therefore, for the Federal Government to ask the civil hospitals to enlarge their schools to meet the emergency, the Government being responsible for the housing and extra expense of these pupils. The extra pupils will enter for the regular course being given by the hospital, all pupils being admitted on the same standing. Six months after the first class is taken, each individual hospital will give to the military hospitals an equal number of second or third year pupils for a period of time later agreed upon, but preferably four months. For instance: If the Government supplies thirty pupils to one hospital, at the end of six months these pupils are placed on regular duty in the civil hospital and thirty second or third year pupils are sent to service in whatever hospital the military authorities decide upon. When these thirty serve the required length of time they return to the parent school and thirty more are sent in their turn.

All teaching is to be done in the parent school, the pupils doing only practical work in the military hospital.

The results obtained should recommend the plan.

The first need, that of the military hospitals, is met, and our returned men will be nursed by pupils with two years' training instead of women who have had six classes of one hour.

The second result is in favor of the civil hospitals. The women who otherwise would enter for voluntary aid work will enter for the regular course of training, thereby assisting the civil hospitals by supplying pupils.

The third and more important is that all nurses will be given a uniform training and there will be no short cut to the nursing profession.

The fourth, and by all means the most important and far-reaching, is the material increase in the number of graduate nurses.

Instead of having to face the problem of hundreds of partially-trained nurses after the war, Canada will have a sufficient number of properly-trained nurses to meet the need of the days of reconstruction and readjustment.

If the plan is approved by the Federal Government, the Committee would suggest the following outline of organization:

That the civil hospitals in each military district be responsible for supplying the pupils needed for military service in that district.

That a commtttee be appointed in each military district under the direction of the C.A.M.C. to work out the necessary details of the successful development of the plan.

That the coming National Registration be utilized to find out the names and qualifications of the young women in Canada who are willing to enter the training schools for this service. If the plan for Registration is too far advanced to make this provision, the Registration cards would probably give the required information, with the exception of their willingness to serve in this way.

That the plan be developed with the assistance and co-operation of the St. John Ambulance Brigade. To accomplish this result an official of the St. John Ambulance Brigade could be appointed on the committee in each military district. The women who have already qualified as voluntary aids might be induced to enter for regular training.

That the Federal Government make a direct appeal to the young women of Canada, emphasizing the need of nurses, and asking them to take up the work. Any plan organized on a patriotic basis will assure the required applicants.

That the Federal Government make a direct appeal to the Board of Managers of the civil hospitals having the necessary facilities for training additional pupils, asking them to undertake this special branch of war work, with the understanding that it is a contribution of service only and not an additional financial undertaking.

The Committee has given some attention to the question of housing, which would be one of the first considerations should the plan be approved. In cities having several civilian hospitals and several military hospitals, we would recommend a central nurses' home. The pupils will all live in the one home and go to the different hospitals for duty every morning. This home will only be a residence for the pupils, meals being given in the civil hospitals. For the first six months the probationary pupils would live in the central home. After that period these pupils could live at the civil hospitals and the central home be utilized for a residence for the second and third year pupils from each hospital who are on duty in the military hospitals in that city. Civil and military hospitals too far away for the pupils' convenience would, of necessity, have to house the pupils in the vicinity of the hospital. The central home would have to have accommodation for the number of pupils required for military duty plus enough room to take probationers occasionally to make up for pupils discontinuing for different reasons.

The advantages of such a plan to the Government are very apparent. Otherwise each civil hospital would need extra accommodation for the extra pupils for a period of six months. After that each military hospital would have to house its own nurses. This seems unnecessary duplication.

If the plan is considered favorably, the Canadian National Association of Trained Nurses will coöperate in any way suggested by the Federal Government and will, through its membership, endeavor to interest the nurses holding executive positions in the civil hospitals.

Respectfully,

MARGARET STANLEY (Convener),
ELIZABETH FLAWS,
MABEL HERSEY,
GRACE FAIRLIE,
JEAN I. GUNN,
} Committee.

At the close of our interview, General Fotheringham suggested an interview with Dr. Copp, of St. John's Ambulance Brigade Overseas, within the Dominion of Canada, which was granted the following day in Toronto, Misses Gunn, Flaws and Stanley present.

Miss Gunn presented the points of our interview with General Fotheringham, and Dr. Copp went very fully into the plans to be adopted for a Women's Aid Department in the Brigade, which has already been reported as pertaining to the nursing department in our report.

Dr. Copp, in reply to the question of the possibility of the V.A.D., with the experience gained in military hospitals, adopting nursing as a life work, said it was absolutely against the rules of their Order, nor did he think a V.A.D. would seek recognition from the nursing profession when her present service was ended.

If, however, she retired from St. John Ambulance Brigade, there was no regulation governing her actions, nor could they interfere if she adopted nursing.

The Military Hospital C.A.M.C. question being decided, there remains for your consideration the best means of meeting the demand for graduate nurses in the Invalid Soldiers' Commission, the Victorian Order, Public Health Activities, Sanatoria.

Who must shoulder the responsibility? The Government, Municipality, Board of Trustees or Nursing Organizations, in advising the enlargement of our training schools, and who meets the expense?

Respectfully submitted.
MARGARET STANLEY (Convenor.)

Copies of suggested and adopted plans on file.

The paper on Victorian Order Work was then read by Mrs. Hannington, the Superintendent of the Order. After this interesting paper was read, Miss Dyke opened the discussion, taking up as her special point how the Association could help the Order, and also how we could interest the V. O. Nurses in the Association work, and get them as members. In this connection it was learned that there were no Victorian Order Nurses, but a Victorian Order of Nursing, composed of the laity, and who simply engaged the nurses, trained them in District Work, etc., but that these nurses were not members. So it was shown that, owing to this, the Order was not eligible for membership in the C.N.A., but all V.O.N. nurses were urged to join the local nursing associations, and in this way take their place in the Association meetings and conventions.

At the evening session on Friday, June 7th, the Canadian National Association of Trained Nurses met in joint session with the C.A.N.E., the President of the latter Association, Miss Randal, in the chair. She introduced the chief speaker of the evening, Miss Adelaide Nutting, of Columbia University, New York, who spoke most ably on the war conditions in nursing.

Owing to the illness of Dr. Helen MacMurchy, her sister, Miss MacMurchy, read the paper on the Possibility of Using the Canadian Universities for Nurse Education. Miss Johns, of the Children's Hospital, Winnipeg, replied to these papers in a most able manner. After

a vote of thanks to Miss Nutting by Miss Flaws, and to Dr. MacMurchy by Miss Stanley, the meeting adjourned after singing the National Anthem.

The morning session of the third day opened Saturday, June 8th, the President, Miss Gunn, in the chair. Reference was made to the sad accident which had happened to Miss Stanley that morning when she fell and sustained severe injuries. As she was Convener of the Committee on Resolutions, Miss Fairlie was asked to act in her stead.

The nomination of officer and councillors was then proceeded with, and, in accordance with the new constitution, two councillors had to be elected from each Province. The delegates were asked by the President to nominate the number required, each Province having three names to choose from. The report of the Eligibility Committee followed:

Madam President and Members of the Canadian National Association of Trained Nurses:

I have the honor to present to you now the report of the work of the Eligibility Committee for the year 1917-18. The members of their committee are Misses E. MacP. Dickson, Toronto, and Misses W. F. Gray and A. E. Gilroy, Winnipeg.

Applications for membership in the Canadian National Association of Trained Nurses were received from the Victoria Graduate Nurses' Association, Victoria, B. C.; the Wellesley Hospital Alumnae Association, Wellesley Hospital, Toronto; the Amasa Wood Hospital Alumnae Association, St. Thomas, Ont., and the Victorian Order of Nurses of Canada.

Owing to the fact that the Constitution and By-laws of the Canadian National Association for Trained Nurses have been in the hands of the committee for revision, the work of the Eligibility Committee has been somewhat hampered. As the whole plan of membership may be changed by revision, it was deemed wiser to hold all applications over until the annual meeting in June. This action was taken on recommendation of the Executive Committee. The associations were advised to send representatives to the annual meeting.

Your Committee held two meetings in Winnipeg to consider the applications.

All of which is respectfully submitted.

A. E. GILROY,
Convener Eligibility Committee.

Winnipeg, May 17th, 1918.

The motion to accept these societies was passed, but, as the Victorian Order of Nurses is not an order of nurses, but of nursing, the President proposed that honorary membership be conferred on the Order, they then having the right to send delegates to our conventions, but these would have no voting power. At the same time she urged that all V.O.N. Nurses should be urged to join local associations. This was put as a motion and passed.

In the absence of Miss Locke, Miss Gunn gave the report of the War Committee, giving a history of its work since the opening days of the war.

The election of officers and councillors was then announced and the meeting adjourned.

At the afternoon meeting the reports of the affiliated societies were read and all adopted.

The President then stated that it was with much regret that, owing to pressure of business, Miss Elizabeth Robinson Scovil's paper on "The Duty of a Nurse to her Nursing Journal" had to be omitted. This was particularly unfortunate, as the needs of the *Canadian Nurse* Magazine had to come up again that afternoon.

The reading of the resolution which was to be presented at the meeting of the National Council of Women the next week regarding the recognition of V.A.D.'s and their training, was discussed, and, as all the affiliated associations had been circularized by the Secretary, she read a summary of their replies. Mrs. Tilley, the Convener of the Nursing Committee, was instructed that the C.N.A. had passed a motion as follows:

> "This Association does not approve of recognition of the training of members of the V. A. D. of the St. John's Ambulance, because they already have the pin of the St. John's Ambulance Brigade; none other is required; and that they do not see the logic of separating the recognition of one branch of volunteers from another."

The discussion of ways and means to support the *Canadian Nurse* was then taken up, the President stating that the plans before the meeting were the asking of help from the various associations in the form of loans, without interest, and whether a special finance committee should be formed. It was decided to leave this to the Executive to form their own committee. It was moved by Miss Gray, seconded by Miss Saddler, and carried, that the sum of $2,000 be raised by allotting it to the various affiliated associations.

Miss Mathieson reported that at the meeting she had collected $155 and was ready to take personal pledges, the same to be paid in later to the Finance Committee, and the plan that individuals might send in subscriptions for five years in advance, adding a little to our working capital, was also approved of.

In regard to the place of meeting for next year, it was suggested that this be left to the Executive Committee.

Miss Randal introduced the resolution sent in by the G.N.A. of B.C. in regard to the need of having a National Nursing Service Corps, the Halifax disaster having brought the need very much to the front.

Madam President and Ladies:

The Graduate Nurses' Association of British Columbia, at their last meeting, appointed a committee whose duty it was to endeavor to work out a plan of organizing a National Nursing Service Corps and report at their annual meeting.

We would recommend the affiliation of the Canadian National Association of Trained Nurses with the Canadian Red Cross. The Canadian Red

Cross Society is the representative in Canada of the International Red Cross Society, with its Executive Committee, in Geneva, Switzerland.

The work of the Red Cross Society is to coöperate with the Medical Services of the Army and Navy, in the relief of sick and wounded soldiers and sailors.

To this duty, assigned to the Red Cross Society by the Geneva Convention of 1863, the Hague Convention has added that of ministering to the needs of prisoners of war.

In Canada the work of the Red Cross Society has been limited to the collection and distribution of funds and materials for these objects.

The Society conducts its operations through chartered provincial or local branches, of which there are about 800, while thousands of organizations of all kinds are contributing to the funds and stores of these societies.

It seems almost impossible that an affiliation of these two organizations could be accomplished.

If we find, upon investigation and correspondence with the Hon. Secretary, Mrs. H. P. Plumptre, and Mr. B. S. MacInnes of Toronto, as well as with the British Red Cross in London, that affiliation is impossible, we would have to make an attempt to organize an Independent National Nursing Service Corps.

We would request the Canadian Association of Trained Nurses, at their Annual Meeting in June, to appoint a committee on National Nursing Service.

This committee should be made responsible for the establishment of uniform standards for the enrollment of National Service Nurses, for the appointment of Provincial and Local Committees, and exercise general supervision over all matters pertaining to the National Nursing Service Corps. Enrolled National Service Nurses would be called out for volunteer service in time of disaster and where large numbers are assembled for conventions, parades, celebrations, serious epidemics; consequently it will be necessary that all nurses enrolling in the National Nursing Service Corps should have experience in case of contagious diseases and their prevention.

The term "National Nursing Service" includes the National Committee, Provincial and Local Committees on Nursing, and such other committees as they may deem necessary to appoint, all enrolled National Nursing Service Nurses, including enrolled Dietitians and Sisterhoods.

The minimum requirements for enrollment might be as follows:

1. Nurses Education:

To be eligible for enrollment, applicant must be a graduate of a school for nurses giving at least a three years' course of training in a General Hospital, which includes the care of men and has a daily average of at least fifty patients during the applicant's training. Graduates from the Hospital for the insane are not eligible for the enrollment unless their experience includes nine months in a General Hospital, either during their course of Training or subsequent thereto. Upon recommendation of the Provincial Committee, subsequent Hospital experience or post-graduate training, which supplies deficiencies of training, may be accepted as an equivalent by the National Committee.

2. Registration:

In Provinces where registration is provided for by law, an applicant, to be eligible for enrollment, must be registered.

3. Age Limit:

Applicant must be at least twenty-three years of age.

4. Personal Interview:

An applicant may, at the discretion of the Local Committee, be required to give a personal interview with a member of the Committee or some one appointed by it.

5. Endorsement:

An applicant must be a member of an organization affiliated with the Canadian National Nurses' Association and endorsed by the Executive Committee or by at least two Officers of such Organization. She must also be endorsed by the present Superintendent of the Training School from which she was graduated or the one under whom she trained. Her application must be approved by the Local Committee of the National Nursing Service Corps, and, before being forwarded to the National Committee, must be endorsed by at least two members of the Local Committee. Final decision in regard to all applicants rest with the National Committee on National Nursing Service. Application blanks must be endorsed by the chairman of the National Committee or a member of the Committee designated by her.

Other requirements for enrollment will have to come up for consideration after we become organized, such as:

Physical Examination, Appointment Card and Badge, Assignment to Luty, Uniforms, Compensation, Change of Address, Annulment of Appointment, Assignment to Positions, Duty and Vacations.

The duties of the following committees, apppointed by the National Service Corps, would have to be outlined. The duty of the National Committee, Provincial Committees, Local Committees.

Respectfully submitted,

HELEN RANDAL.

After discussion it was resolved that, in view of this recommendation from British Columbia, the Executive appoint a committee to work on this or some other suitable scheme to accomplish the end desired.

Miss Johns stated that there was a great need felt in the Association of some record of our founding and early history, and said that, in the minds of all the members, there was only one logical Archivist, and that was Miss Snively. It was then moved and carried unanimously that Miss Snively be asked to act in that capacity. Miss Snively thanked the nurses and accepted the position.

Resolutions of thanks were voted to be sent to the following:

Alumnae Associations of Toronto Hospitals.
Trustees, Wellesley Hospital.
Trustees, Toronto General Hospital.
Sir Adam Beck.
Sir John and Lady Eaton.
Graduate Nurses' Association of Ontario.
Mother Superior, St. Michael's Hospital.
Central Registry of Graduate Nurses, Toronto.
Dr. McKay, Principal, Technical School.
Lieut.-Col. Wilson, O.C., Hart House.
Lieut.-Col. Smith, O.C., Davisville Military Orthopedic Hospital.
Rev. Canon Plumtree.
Governors, University of Toronto.
His Worship, the Mayor of Toronto.

Alderman Ryding.
Park Commissioner, Mr. Chambers—Flowers.
The Press.

A motion that a letter of condolence and sympathy to the widow of the late John Ross Robertson was ordered to be sent by the Secretary.

A letter of sympathy to Miss Stanley, on account of her accident, was then voted to be sent.

The recommendation of the Saskatchewan Association was referred to the Executive for consideration.

After some discussion of matters that came up re National pins, instruction to the delegate to the Women's Council (the delegate to be the President), and singing of the National Anthem, the Convention closed.

The Responsibilities of a Nurse to Her Nursing Journal.

By Elizabeth Robinson Scovil

All of the professions and many of the trades have their own technical journals. These are considered to be indispensible to the conduct of their business and no progressive professional man, or ambitious artisan, who wishes to keep abreast of the developments in his own occupation, would dream of being without one.

Why is it that nurses who belong to a profession in the process of making, and which is, therefore, more plastic and susceptible to change than any of the others, do not appear to appreciate their privileges and duties in this respect?

Of their responsibilities to this child of their own there are three peculiarly pressing ones: To sustain it, work for it, and to improve it.

The official organ of the nurses of Canada is *The Canadian Nurse*. It is not an individual venture; it is owned and published by the Canadian National Association of Trained Nurses. Its editor is a nurse, many of its contributors are nurses; it is published for no selfish end, but purely for the information and advancement of the profession. Surely it has a strong claim on your sympathy.

Our first duty is to subscribe to it. Has every nurse here present done so? If a census were taken at this moment, how many hands could be raised in assent? Yet this is the first requisite for its success. No matter how ably it is edited, no matter how brilliant are its contributions, no matter how important is the information with which its pages teem, it is all wasted if it does not reach you—you nurses for whom it is all done. The magazine is a failure and through whose fault? Having taken it yourself, see that every nurse whom you can influence takes it also. If every subscriber gets one other, its circulation will be doubled with very little individual effort.

Advertisements are a very important item in the financial strength of a magazine. Help in every way that you can to make them more valuable to the advertiser. If you purchase or write for any article mentioned in its pages, say that you saw the advertisement in the *Canadian Nurse*. Some of you may be able to obtain advertisements for it, and this, of course, is a direct help.

Above all, talk about it. Publicity is one thing that a magazine thrives upon. Let the outside world know that we have a journal of our own, that it is a good one, a live and growing one, and that our ears are wide open to suggestions that will make it a better one.

Don't criticise it except to the Editor. If you see things in it that you don't like, or don't agree with, write to her frankly and say so. Constructive criticism is always welcome. Tell her the features you have found most useful. Mention points on which you would like information. Suggest some new departure that you think would be helpful. If you can truthfully do so, add a word of encouragement and praise. Editors are only human, though they do seem so far removed, and everyone works better for a bit of sincere appreciation. Did you ever try to kindle a fire with wet wood? If you did you know how welcome was the bit of birch bark and the dry shingle.

Every nurse has some favorite methods of her own. She may have discovered some particularly effective way of doing some of the old tasks, or invented a substitute for an apparently indispensible appliance, or learned from experience the best way to manage a refractory patient, or deal with an emergency.

Let her not keep it to herself, but, as soon as she has proved its worth, send a description to the magazine for the benefit of other nurses who are not so clever, or as enterprising as she is.

If she knows how to cook an especially appetizing dish, or make a refreshing drink, or smuggle nourishment into a beverage where the patient, unwilling, or unable, to take it, never would suspect its presence, let her share the knowledge with her sister nurses through the pages of her journal. Literary ability is not necessary to make these experiences acceptable; just a plain common sense statement of facts is all that is needed.

We learn by doing; let us make our knowledge a short cut for others to follow.

If you come across an interesting anecdote, a helpful verse, a pithy saying, a good joke, copy it and send it to *The Canadian Nurse*. It may divert a weary patient, or relieve the monotony of night duty beside a sleeping invalid, or change the current of thought that was becoming painful.

Due credit should be given for these clippings when it is possible. The author's name should be mentioned, or the newspaper, magazine, or book from which it was copied. The nurse should send her own name as an assurance of good faith. It need not be published, if she prefers to remain unknown.

You will find many ways to help your own magazine if you keep it in mind and are on the lookout for them. Don't forget it all the month and only remember it when you tear off the wrapper.

Some nurses say, "I cannot afford to take the magazine; I haven't time to read it, and I don't get much good from it, any way."

As to the price, less than four cents a week will pay for it, and any one of us who is working can lay by that amount without feeling the strain a too severe one. Keep a mite box and put in four cents every Saturday night, and when your subscription is due at the end of the year you will have enough to meet it—and a little left over to pay for the money order. Lack of time is, of course, a valid objection, but lack of time for reading depends upon the individual. Those to whom reading is a necessity find, or make, time for it; it is amazing how much can be accomplished if odd five minutes are utilized. If a nurse felt that her professional success depended upon her mastering its contents, she would do it. You remember how hard it used to be to study in the Hospital, when you were tired, or would much rather have gone out, or done something else, but you did it because you knew you could not pass your examinations without it. Professional loyalty should make you blush to be ignorant of the contents of your own journal.

As to not getting any good from it, that must be because you do not read it.

Pick up any one of the late numbers, the April one for instance, glance over it and see if you cannot obtain some useful information from it.

Do you feel that you need further training? Read "Scholarships for Nurses;" see how and where you can obtain a post-graduate course, additional instruction in surgery, medicine, obstetrics, pediatrics, eye, ear, nose and throat and dietetrics. It may suggest a special line of work for you to follow and alter the whole course of your life.

If a nurse should be innocently infected with venereal disease she suffers a cruel wrong. Yet this is a possibility always open in the course of her work. Dr. Hair, in "The Position of the Nurse in Venereal Disease," tells her how to guard against infection and the knowledge may save her from life-long suffering.

Are you a school nurse? You will find many valuable hints in "School Hygiene" by a nurse who is director of school hygiene in Saskatchewan. Are you interested in the problems arising from the war, or brought into special prominence by it? Read the report of the Women's War Conference. These women were especially invited to attend the conference of the War Committee of the Cabinet to discuss war problems. The first time we have been called into consideration with our political rulers in the history of Canada. The women invited seem to have justified the invitation and to have offered many valuable suggestions. Our profession was represented by a delegation of the Canadian National Association of Trained Nurses.

Do you know that the Committee on Nursing of the General Medical Board of the Council of National Defense in the United States has asked our co-operation in meeting nursing problems which have arisen because of the war? Well, it has. If you had read your *Canadian Nurse* you would have known about it.

There is a short synopsis of news of interest that appears in the medical journals. There are so many of *them* that no one person can be expected to even skim them partially. This synopsis gives some slight idea of what is being talked about in medical circles. The compiler does not endorse the opinions expressed, but merely presents them for consideration and, she hopes, discussion. Nothing is more stimulating than to encounter ideas and opinions diametrically opposite to one's own.

The "Diet Kitchen" gives suggestions as to the choice and preparation of food for invalids and should be useful to nurses doing private nursing, or those in charge of the food in a small Hospital, where there is no dietitian.

Through the Department of Hospitals and Nurses you can learn the news in the nursing profession in the different Provinces in the Dominion and keep in touch with friends and acquaintances whom you knew well in the days of your training, but from whom you have been separated by distance and circumstances.

Then there is a list of the officers of the different Alumnae Associations, which is very useful for reference.

Now, surely, in this array of subjects, every nurse can find something that will interest her. If she cannot, do you honestly think that the blame should rest on *The Canadian Nurse?*

Propinquity is said to be one of the chief causes of love. You cannot love your magazine unless you know it and possess it.

Subscribe for it, that it may have more money to make itself larger and better; to add new features of interest; illustrations, photographs, paid articles on special subjects—nearly all the work done for it now is gratuitous.

Work for it, that you may take a personal interest in its success. Canvass for it, that, with an enlarged circulation, it may not only expand its circle of friends, but increase its value to advertisers, and so add to the income that it expends solely for the good of nurses.

Its greatest ambition will be fulfilled if it can worthily represent the nursing profession in Canada and help it to realize its highest ideals.

Anti-Typhoid Vaccination

Dr. W. W. Keen, of Philadelphia, states that anti-typhoid vaccination has practically banished typhoid from the camps at home and the armies in Europe. In the British Army in France 99 per cent. of the soldiers have submitted to it voluntarily.

V.A.D. Work in Montreal.

By Mrs. Henderson, Montreal

In presenting this paper on V. A. D. work, one must remember that it is dealing with a vast subject from a very personal point of view as the request came to tell about the work as it had been conducted in Montreal and whether it could be considered a successful venture.

The reason for the existence of the present organization was that, owing to war conditions and ever-increasing demand upon our young women both for home and overseas work, there was a great need for organized effort in every department of war service.

Many organizations were formed in our city as elsewhere in Canada. and naturally the young women looking for something in which they could exercise their talents, time, and patriotic fervor to the greatest extent, were attracted by the magic and now almost Holy Red Cross as being most fitting for their ideals of Service. A study of conditions brought out the limitations of the Red Cross the world over, those limitations being such as were subscribed to at Geneva.

A "Red Cross Nurse" was a title not lightly to be won, but there loomed large on the horizon the means to qualify for such dignity. The White Cross of St. John's Ambulance Association, the ally of the Red Cross, became the shrine of many devotees. Classes were formed, many students instructed, some taking up the study seriously; others, with a feverish unrest characteristic of the time. However, as our paper has to deal with the worker after graduation, not the School of Instruction, we will not dwell upon a work which is out of our province, for it must be distinctly understood that the St. John's Ambulance Association and the St. John's Ambulance Brigade are not one and the same body, but quite distinct, each having its own special function, neither one interfering with the duty of the other, though co-related.

However, after the termination of several classes, which had been carried through the prescribed course, the situation was this: there were many proud possessors of First Aid and Home Nursing Certificates unattached to any definite work and without coördination who were just drifting. We who were at work in the early days of war know how hard it was to satisfy the craving for work, even where there was so much to be done, but the most of it was new and untried in the time of peace. There was a great danger that through the forming of unnecessary organizations there would be a waste of energy at a time when the conservation of force was of most vital importance. So, given a number of clever, keen-eyed, earnest young women, with good social standing as an extra asset, coming as applicants for "work of some sort," the question was, "What shall we do with this potential power?" This was answered by a Hospital graduate (who believe firmly, if once a nurse, you are always a nurse,) by forming an organization composed of these

seekers after work, introducing, as far as possible at the time (for this was in the Autumn of 1914), the methods employed by the V. A. D. Workers in England. There was no direct communication with other organizations doing similar work until 1915. The members were given instructions as to the rules and regulations governing them, the model being a combination of Civil Hospital and Military orders, and told that discipline and obedience were the first and last words by which their conduct would be regulated, no matter what the nature of the work which they might be called upon to perform. There was no questioning of the authority of the officers; although volunteer workers, they would have no special privileges. Members of the medical profession and trained nurses gave every possible assistance in the theoretical and practical training of the girls forming what, in 1915, was registered at Ottawa as Voluntary Aid Detachment No. 2, the number being significent that Montreal was not alone in trying out the semi-military organization. Early in 1915 there arose a condition of affairs making it imperative that a Home should be established where the convalescent soldier, newly discharged from the already overcrowded Hospitals, might have the care necessary before returning to the hard, strenuous life of the barracks. Such a home was provided through the Local Council of Women, to whom had been offered the Andrews Home, the Emigration Home, controlled by the Bishop of Montreal. This had been accepted and turned over to the Khaki League, who equipped it. Here, in March, 1915, with one Overseas man and other Camp Men, the V. A. D.'s began Hospital work, the Khaki League supplying all household needs. Their Royal Highnesses the Duke and Duchess of Connaught formally opened the building, and it is due directly to the interest and faith of His Royal Highness in such work that the V. A. D. received its registration number.

The personnel of the V. A. D. group entering the Khaki Convalescent Home was as follows: Matron, a Montreal General Hospital graduate nurse, a quartermaster and four probationers, this number augmented or decreased as the number of soldiers in the Home varied each week. The nurse who opened this Home gave her entire time to the work for fourteen months, the quartermaster has served for three years and a-half, other graduates (four)—being superintendents of Hospitals—gave splendid service, two other Homes later being opened under the same careful supervision as the first. Masseuses of the highest rank also acted as volunteer workers. This will show the feeling of the trained worker towards these new recruits—they were willing to help them in their training by example and precept, and the recruits in every instance appreciated to the full the privilege being accorded to them. Under this regime Hospital etiquette was easily established and maintained, but there is usually a fly in the ointment. Shortly after the opening of the first Home began troubleous times for the new order of workers—foes within and without in the form of skeptical minds tried to show many and varied reasons as to why it was unnecessary for such an organization to exist in Canada. In England, of course, with the war zone so near, it

might be necessary to have Nurses' Aids, but not here, where we had all the trained nurses we required. However, having had experience with many kinds of probationer, we still felt that a good probationer is a most valuable asset to any ward, and the work continued to grow. "Patiently wait and time will show whether this work is to live or not was the injunction frequently given to the members who, at the end of a hard day, met many relatives of Doubting Thomas. During the year 1915 to July, 1916, the workers performed all the duties in what finally was not one but three Homes, serving three months at a time, day and night duty, the day duty being divided into two periods, night duty regular Hospital hours. In 1916 the call came for Overseas and found the V. A. D.'s ready to answer 'Send Me.'"

In the summer of 1916 attention had been called to the fact that the work of St. John's Ambulance Brigade Nursing Divisions offered a larger field of usefulness, as that was not limited to service during War, but would carry on operations in Peace times. Thanks to the interest and enthusiasm of the Assistant Commissioner, Montreal Central Nursing Division No. 19 became an established fact with the members of the V. A. D. No. 2 signing for service. There are now four Nursing Divisions in Montreal. Soon after this the first Detachment left Canada for service under the joint V. A. D. Committee at Devonshire House. Ten Montreal members went to France at that time, others have gone over on request, some have since answered special calls until now twenty of the original members have served in France. During the winter of 1916-17 special privileges were offered to the many who were eager to be added to the Hospital workers, for the Medical Staff attached to the various Homes and Hospitals had begun to recognize the usefulness and adaptability of the V. A. D., who had hitherto been endured as a passing evil. One might say that to some the magical letters V. A. D. might have meant anything from a brand of breakfast food to a secret service code, such was the lack of knowledge of this great work. However, time has eradicated ignorance and prejudice, and the best agent has been the V. A. D. herself, who, by her own personality and steadfastness, has shown the world the ideals of St. John.

In the Spring of 1917 the great concession was made and the doors of the Military Hospitals were opened to the V. A. D. who entered upon her career as her fellow worker in England, serving under Military Sisters in the wards, under C. A. M. C., officers in their various Departments, hours for duty being that of the Military Sister and period of service extended to six months instead of three. This has been maintained for fourteen months to the satisfaction of all concerned. The V. A. D. has measured up to the requirements, although this has necessitated taking a business course in order to be efficient in the Clerical work demanded by the C. A. M. C. Officers, and to give the required number of typists to the Hospitals a course in Dietetics was also taken, thereby rounding out the training for efficiency. Some have entered a Civil Hospital for a short course, this being a privilege accorded them, owing to

the intense interest of the Superintendent of the Hospital, who has always been ready to give her time as Instructor to the various classes. At present one other Hospital has taken on three V. A. D.'s in the Outdoor Department.

Others, to keep ahead of present demands, have taken a course and received their certificates as chauffeurs. All this means that many miles have been covered since 1914. Was it necessary and has it been worth while? Yes—to both questions, and that answer was given by the Officer Commanding the Hospitals during the past week.

Again yes, as voiced by the nurses who have helped train the V. A. D.'s as well as the Matron and Military Sisters of the Hospitals. The member enters as Probationer nurse, one month on trial, and, if satisfactory, is under control of the Matron for the period of six months, after which she must have a holiday before another period of duty. This holds good for Hospital work only. Special service workers have other rules, those working in the Canteen of the School which the returned soldiers attend, also those who are assisting in instructing the soldiers in vocational work, coming under the head of special service. From the small beginning in 1914 the number has grown to over one hundred and fifty workers, fifty of whom will have served Overseas, and forty-six on duty here every day, with new members coming forward daily. Hard work, long hours, strict discipline, providing one's self with uniform, giving up holidays, all this does not deter the workers, but has in several instances inspired them to go forward, several having entered the General Hospitals for a three years' course. Others going to Philadelphia and McGill University for a Course in Massage. *Please note* none of these young women had the slightest intention of entering a Hospital before taking up V. A. D. work, this bearing out the theory that contact with members of that finest of professions for women cannot fail to influence the novice, who, while being willing to be a "Probationer only *for the duration of the War,* is willing to place herself where she will receive the larger training. Imitation being the sincerest flattery.

The conclusions which must be arrived at after close contact with the V. A. D. are just this—they fill a need and release for other duty the trained nurse whose time is too valuable for duties which may be performed by V. A. D., and we know now we have no overplus of nurses. We do not find any larger percentage of unfits among them than in ordinary Hospital work. Also it is as easy to maintain discipline with the volunteer as with the paid worker, and she has the energy and mental force which have been beneficial to the patients. In fact one cannot fail to appreciate this truth that for War time and after the V. A. D. has come to stay. This need cause no uneasiness to the trained worker for, as the V. A. D. is warned to not trespass on the authority of the professional nurse, so will it be the duty of those at the head of affairs to safeguard the interest of both nurse and V. A. D. As the medical profession are not fearful of the First Aid Worker, so the graduate nurse

will take the same stand to this Probationer who is ably doing her bit. As one Officer Commanding said in reply as to whether she was needed—"Yes, yes, send us more of her". Sir Frederick Treves pays the V. A. D. this high compliment: "They say this War has produced no one Florence Nightingale—that is true—because it has produced so many of her, and her name is just V. A. D."

Read at the C. N. A. Convention.

MATCHED THE CRUELTY

A company of German soldiers having entered the small town of Roye, one of the officers swaggered into a hotel, hailed a waiter and called for a meal, at the same time laying his drawn sword on the table. The waiter returned with a pitchfork, which he placed beside the sword.

"What does this mean?" demanded the officer in a gruff voice.

"That," replied the waiter, "is the only fork I could find to match your knife."

CLASSIFIED ADVERTISING

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At Dr. Grenfell's Hospital Station, Harrington, Canadian Labrador, graduate nurse. Salary, $500 a year, with board and lodging. Apply, stating qualifications, to Mr. J. A. Machado, Hon. Secy. Labrador Medical Mission, 224 Wellington Street, Ottawa, Ont.

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Editorial

In the last issue of the *Canadian Nurse* the name of Nursing Sister Alexina Dussault, graduate of the Royal Victoria Hospital, Montreal, was omitted from the list of those drowned in the torpedoing of the Hospital ship Llandovery Castle. In the list sent to the Editor, only thirteen names were printed, and Miss Dussault was omitted. The correction reached the Editor too late for insertion.

Very little has been known of the details of the sinking of this boat, but the following tribute to those Nursing Sisters on board from Sergt. A. Knight's stirring record of the supreme devotion and valiant sacrifice of the medical personnel, nothing stands out more heroically than the coolness and courage of the fourteen Canadian Sisters, every one of whom was lost. He says: "Unflinchingly and calmly, as steady and collected as if on parade, without a complaint or a single outward emotion, fourteen devoted Nursing Sisters faced the terrible ordeal of certain death, only a matter of minutes, as our lifeboat neared that mad whirlpool of waters where all human power was helpless." The British *Journal of Nursing* says: "It is a story calculated to make every heart throb with admiration and gratitude to have been born British, and to be a member of the Nursing Sisterhood." Again, "There is much feeling throughout the nursing community over the sinking of the Llandovery Castle. The International Council of Nurses in London is compiling a full list of members deliberately assassinated by the Germans. Canada's loss is most grievous."

In this connection the poem "Dirge of Dead Sisters," by Kipling, written after the South African War, which was read by Dean Paget at the memorial service held in Calgary, seems appropriate.

DIRGE OF DEAD SISTERS

Who recalls the twilight and the ranged tents in order.
(Violet peaks uplifted through the crystal evening air?)
And the clink of iron tea cups and the piteous noble laughter
And the faces of the sisters with the dust upon their hair?

(Now and not hereafter, while the breath is in our nostrils,
Now and not hereafter, ere the meaner years go by—
Let us now remember many honorable women
Such as bade us turn again when we were like to die.)

Who recalls the morning and the thunder through the foothills
(Tufts of fleecy shrapnel strung along the empty plains?)
And the sun scarred Red Cross coaches creeping guarded to the culvert,
And the faces of the sisters looking gravely from the trains?

(When the days were torment and the nights were clouded terror,
When the Powers of Darkness had dominion of our soul—
When we fled consuming through the Seven Hells of fever
These put out their hands to us and held and made us whole.)

Who recalls the midnight by the bridge's wrecked abutment
(Autumn rain that rattled like a Maxim on the tin?)
And the lightning dazzled levels and the thronging, straining wagons
And the faces of the sisters as they bore the wounded in?

(Till the path was merciful and stunned us into silence —
When each nerve cried out on God that the misused clay;
When the body triumphed and the last poor shame departed—
These abode our agonies and wiped the sweat away.)

Who recalls the noontide and the funeral through the market
(Blanket hidden bodies, flagless, followed by the flies?
And the foot-sore firing party and the dust and stench and staleness,
And the faces of the sisters and the glory in their eyes?)

(Bold behind the battle, in the open camp all-hallowed,
Patient, wise and mirthful in the ringed and reeking town;
These endured unresting till they rested from their labors—
Little wasted bodies, ah, so light to lower down!)

Yet their graves are scattered and their names are clean forgotten,
Earth shall not remember, but the Waiting Angel knows
They that died at Uitvlugt when the plague was on the city—
Her that fell at Simon's Town in the service of our foes.

Wherefore we, the ransomed, while the breath is in our nostrils,
Now and not hereafter, ere the meaner years go by—
Praise with love and worship man; honorable women,
Those that gave their lives for us when we were like to die!

A friend is worth all hazards we can run.—YOUNG.

BANANA SALAD

Cut a banana in two, lengthwise; lay it on lettuce leaves and sprinkle it with chopped peanuts; cover with a few spoonsful of boiled salad dressing.

Bananas and apples, mixed, make a good salad; so do apples with a little mint and lemon juice. Sliced oranges on lettuce are liked by some persons. An ingenious nurse will devise a dish that will please her patient's taste.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss Fairley, Alexandra Hospital, Montreal.
Second Vice-President—Miss Dunlop, 209 Stanley Street.
Secretary-Treasurer—Miss S. Wilson, 638-a Dorchester St., West.
Registrar—Mrs. Burch, 175 Mansfield Street.
Reading Room—The Club Room, 638a Dorchester Street West.

Our Secretary-Treasurer, Miss Wilson, is spending her holidays in Lyn, Ont.

In the last number of the *Canadian Nurse* we congratulated Nursing Sister Margaret Fortescue as having been mentioned in despatches by Sir Douglas Haig. This month we mourn her loss, with that of Nursing Sisters Alice Dussault and Gladys Sare, who, with other Canadian nurses, were victims of the Huns' barbarity in the sinking of the transport ship Llandovery Castle.

On Thursday evening, July 4th, Nursing Sisters Colby and Isabel Stewart and Miss Louise Stewart gave a farewell tea at the club-room to some of our nurses, leaving for overseas, and their friends.

Take time to speak a loving word
Where loving words are seldom heard;
And it will linger in the mind,
And gather others of its kind,
Till loving words will echo where
Erstwhile the heart was poor and bare;
And somewhere on thy heavenward track
Their music will come echoing back.

NOT TO BE CAUGHT

Doctor—You are slightly morbid, my dear lady. You should look about you and marry again.

Widow—Oh, Doctor, is—is this a proposal?

Doctor—Allow me to remind you, madam, that a doctor prescribes medicine—but he doesn't take it.

News from The Medical World

By Elizabeth Robinson Scovil

War Time Nursing

The Public Health Committee of the New York Academy of Nursing has published some interesting statistics. The American Nurses' Association places the number of registered nurses in the United States at 98,006, exclusive of Navada, New Mexico and Arizona, which have no registration. It is estimated that about 25,000 nurses will be required for the sick and wounded of the American Army and Navy. Up to the present time about 9,000 nurses have enlisted. A call has been issued for the enlistment of one thousand a month henceforth. Thus far fully trained graduate nurses have been recruited.

A shortage of nurses is already felt in civil life, especially in small hospitals which have no training schools. Private persons are requested to employ nurses only when absolutely needed, and then as few as possible. Over 400 young college women have enlisted for nursing work under the auspices of Vassar College.

The committee recommends that professional standards should not be lowered to meet the need. A corps of partially-trained women might, with advantage, be organized to serve as attendants in Army Hospitals. Their service should be *gratuitous,* the committee states.

Hunger Cure

The Berlin newspapers advertise a drug made by a German chemical firm which, "though not forming a substitute for the minimum daily sustenance, is an excellent preparation for stilling premature hunger, and enables one to hold out until the next meal-time," so the advertisement states.

Saving Wheat

It being a patriotic duty to use corn in our daily meals, and spare wheat as much as possible, it is interesting to know some of the forms, other than cornmeal, in which it may be utilized. Creamed corn, either canned or fresh from the cob; corn soup, corn flakes, puffed corn, escalloped corn, cornstarch puddings and blancmange; hominy, cornlets and corn syrup. Delicious muffine and griddle cakes can be made from cornmeal.

Paraffin Paper as a Dressing

On account of the small supply and high cost of gauze, paraffin tissue paper is recommended as an excellent dressing for burns, or when a material that will not adhere to the wound is required. It is considered better than the paraffin spray method. Ointment can be spread on it, and

the application relieves the pain of burns, as it excludes the air. In most cases the dressing need be changed only once in two or three days. A double sheet will take the place of oiled silk or rubber tissue, and can be placed over a moist dressing when a paper bandage is used.

Linen Thread in Surgery

Pagenstecher thread has been much used by surgeons in gastric and intestinal work. As it is made in Germany, it is now difficult to obtain it. Barbour's linen flax thread makes an efficient substitute, and is said by surgeons who have used it to be stronger, smoother and a better product. No. 60 or 70 is the size for intestinal work. It costs 18 cents a spool, less than one-quarter the price of the German thread.

Curved Needles

A writer in the *Journal of the American Medical Association* states that curved surgical needles can easily be made from straight ones by catching each end of the needle with a pair of pliers and gradually bending it over an alcohol flame. It takes about twenty seconds to make a curved needle out of a straight one. There is a scarcity of curved needles in the market.

A New Local Anesthetic

In testing the taste of benzyl alcohol, it was found that a drop on the tongue produced numbness, and experiments proved that this drug caused anesthesia of the sensory nerves. It is found in balsam of Peru and Tolu, and is soluble into 14 per cent. in water at room temperature. Its toxicity, compared with cocaine, shows that 20 c.c. injected into an animal has no effect, whereas 20 mg. of cocaine kills it. It has been used with marked success; a bullet was extracted without pain; ingrowing toenails excised; complete excision of hemorrhoids and excision of rectal tissue were performed painlessly.

Vaginal Douching

The *British Medical Journal*, in an article on this subject, says that every patient who complains of minor pelvic ailments should be asked if she douches, and, if she does, told to stop it. The vaginal surface has no glands and is not a mucous membrane, but is covered with stratified squamous epithelium, which, though resistant to infection, is not quite so to water. The vaginal secretion is simply serum which exudes from the surface, and acquires its normal creamy appearance by mixture with leukocytes and epithilial debris. If the discharge is shiny, it is due to an excess of mucous, which comes from the lining of the uterus, and not from the vaginal wall. The normal secretion is acid in reaction; this acidity kills most septic and pathogenic germs. It is thus a barrier against ascending infections and usually sufficient to protect the uterus. When the arvical canal is once infected, douching is useless, only carrying the infection farther; dry cleansing, under anesthesia, is the proper method of treatment.

Public Health Nursing Department

Conducted by the Committee on Public Health Nursing of the C. N. A. Under the Convener on Public Health Nursing

Dr. Foght's recommendations concerning School Hygiene, in his survey of the educational system of Saskatchewan, made in 1917, are as follows:

A Constructive Health Programme

The Survey recommends the following as essential in the organization of an effective health programme:

(1) Introduction of school hygiene as a required subject in all elementary schools;

(2) Study of personal and school hygiene and home sanitation as a required subject in the teachers' course in the High Schools and Collegiate Institutes;

(3) Re-study of hygiene and sanitation, from the teacher's viewpoint, in the Normal Schools, together with systematic study of physical education, including supervised play;

(4) Permissive legislation on the subject of health inspection and health instruction in rural districts, through the medium of school nurses.

School Hygiene a Required Subject

Physiology and hygiene are so often inefficiently taught as to raise the question of their utility. Yet this is no reason for excluding the study from the schools. The day in which we live demands a study of all things that relate to man's physical welfare, and the school is the only agency in position to give it. If hygiene is often badly taught, it is for want of trained teachers, and these must be provided.

As a rule it is inadvisable to teach the science of physiology to children. Health primers should be used as leading threads in the study, which otherwise should be informal, but with a definite amount of time assigned to it. The suggestive topics for study in the manual published by the Department are all excellent. Let them be given liberal place in the daily programme; place the teaching in charge of trained teachers, and effective results may soon be obtained.

Physiology and Hygiene as a Subject for Professional Study

All who are studying to become teachers, whether in High School departments or in Normal Schools, should follow the informal work begun in the elementary school with a study of the science of physiology,

to furnish the necessary background for intelligent instruction. The method of presentation is as vital as the subject matter. Some teachers, indeed, with good mastery of the content, present the subject in such a way as to raise the question of utility, if not of morality. This calls for sound pedagogical foundations also. A suggestive course for teachers is outlined in Chapter XIII., page 127.

The Municipal School Nurse

Systematic health instruction in the schools will work great changes in rural districts, particularly as soon as the teachers have received adequate preparation to give health instruction. Every rural teacher should assuredly be able to discover, by their outward signs, the common contagious diseases. He should be able to detect the ordinary remediable defects in the pupils under his care, as, for example, diseased tonsils, adenoids, deafness, and incorrect vision.

But the teacher cannot be charged with conserving the health of the whole countryside. As a matter of fact, he will need both assistance and professional backing to succeed in eradicating preventable disease and physical defects from the class-room, not to mention the home. The teacher should have the assistance of a regularly employed medical practitioner as health inspector, or of a trained school nurse, preferably the latter.

There is serious objection to employing regular practitioners, because the scheme of health inspection involves not alone medical knowledge and experience, but also pedagogical training. It is often difficult for a practitioner to have sufficient appreciation of the conditions under which teachers labor, and the required patience and sympathy to accomplish the most with the children and parents. More successful has been the trained school nurse "who can act as an intermediary between the physician and the school on the one hand, and the school and the home on the other."

The school nurse has already become indispensable in the best city systems. The school nurse discovers and reports cases for medical treatment. She does more. She follows up these cases and comes in contact with the homes and administers both relief and advice. In Regina, as an illustration, the school nurses have worked out a most satisfactory health programme, which, after a period of doubt and askance, has been accepted by the local practitioners as highly satisfactory. School nurses in rural districts are of more recent acquisition. In eight or nine American States they are being introduced in increasing numbers. One need go no further than North Dakota. The first rural school nurse in the State began work in 1914. Now there are 42, all told, either in service or authorized.

The school nurse in Saskatchewan would fit in admirably as a link in the recognized municipal school district. The nurse could have charge of the group of schools within a given municipality, and in sparsely settled regions she might even have two or more municipalities. This kind

of health work should receive permissive legislation. It would be unwise to go beyond this. If health education can be obtained without compulsion, it is in keeping with established democratic ideals. The Government would be wise to grant liberal aid to the first few municipalities in each inspectorate who engage school nurses.

The Diet Kitchen

By Elizabeth Robinson Scovil

Recent research has discovered two new food elements whose existence, up to this time, has been unsuspected. They have not yet received distinguishing names, but are known respectively as the "fat soluble A" and the "water soluble B."

The element "fat solubleA" is present in the fat of milk, the butterfat which forms the cream, and butter itself. It is not found in the vegetable oils, as olive oil or cottonseed oil, nor in the cereals or foods coming from the seeds of plants. It is abundant in green vegetables, particularly in the green leaves of plants.

The "water soluble B" is present in cereals, particularly in their outer layers, and in green vegetables, as well as in a very large number of other foods. These substances seem as essential to us as salt, and, therefore, vegetables are a very necessary ingredient in our diet. The use of dried vegetables is strongly advocated, as by soaking and proper slow cooking they can be rendered almost as palatable as fresh ones.

Dried sweet potatoes and dried white potatoes are especially valuable. Dried sliced potatoes, when properly cooked, are said to be almost indistinguishable from the fresh ones, either when mashed or French-fried. Great stocks of dried potatoes were stored by Germany in preparation for the war. Natural potato flour, made by washing, slicing, cooking and then drying potatoes, afterwards grinding them and working the flour as wheat flour is done, retains all the mineral salts and is rich in food value.

Potato starch flour, made by a different process, is chiefly starch and is not as nutritious.

It has been remarked that the common sense of mankind has guided it to a choice of foods and combinations of foods which have been proved long afterwards to be scientifically correct. Thus the newly-discovered "fat soluble A," meaning an element soluble in fat, is present abundantly in the leaves of plants. Pork and greens have always been a favorite dish, and lettuce is not as appetizing without a salad dressing containing either oil or butter. Instinct has chosen one to supplement the other.

Some persons are not particularly fond of vegetables, and they must be prepared with special care to induce many invalids to eat them. Potatoes properly prepared are especially valuable. Baking them preserves all their nutritious qualities and is the simplest way to cook them. If butter is eaten with them, a very essential fat ration can be easily introduced. Potato is recommended as an anti-scorbutic for milk-fed babies.

Soups

Vegetable soups will be eaten when the vegetables themselves would be refused. Recipes for them can be found in any good cook book.

Potato soup is made by cooking a potato with a few shreds of onion and a little of the coarser part of celery; or season with celery salt if the latter is not to be obtained. Drain, mash and mix with a cup of hot milk, add salt and a teaspoonful of flour and one of butter, rubbed together to bind the mixture.

When asparagus tips are served, cook the tough ends, and, when soft, press through a strainer and add milk, thickening and seasoning. The water in which cauliflower has been cooked may be used for soup, thickened as described, a few sprigs of the cauliflower being added at the last.

Canned corn can be used to flavor soup after being cooked for about twenty minutes and pressed through a strainer. Celery is welcome as a seasoning in most vegetable soups, and cream of celery soup is delicious. Green peas, or even canned peas make a delicious soup; a few should be kept out to be added just before serving. Tomato bouillon, without milk, and tomato bisque, made with milk, are well known. Half a cup of rolled oats can be cooked with tomato soup and adds much to its nutritious qualities. In some recipes peanut butter is used to enrich tomato soup.

The commoner and what we consider the coarser vegetables can be made very appetizing if properly prepared. Cabbage should be shredded, put into boiling salted water and cooked, uncovered, for not more than half an hour, then drained, pressed and served, lightly heaped in a dish.

Turnips should be cut in discs, boiled a short time until tender, and then stirred into a little white sauce. Carrots should be cut in shreds and served in the same way.

Salads

Almost any succulent vegetable can be acceptably served as a salad. Celery leaves are said to be rich in the "water soluble B," and these can be chopped and added to give flavor. Celery salt can be made at home by drying the leaves, putting them through a sieve and adding half their bulk of salt.

Green peas, green beans, asparagus tips, celery, tomatoes, potatoes and some other vegetables make excellent salads, either with French dressing, oil and vinegar, mayonnaise, or the boiled salad dressing, in which butter is used instead of oil. Lettuce can be added if it is to be had, but it can be dispensed with.

Hospitals and Nurses

NEW BRUNSWICK

The Annual Meeting of the N.B.A. of G.N. was held at Newcastle, at the Miramichi Hospital, July 9th, 10th and 11th. The meeting opened with an address of welcome by Mrs. Richards, Superintendent of the Hospital, and also Registrar of the Province. About twenty-five nurses were present. There is a membership in the association of about three hundred. Registration had been obtained during the year, and a larger interest taken in nursing affairs. Interesting reports were read from the local chapter of St. John, and from Miss Retallack, the delegate to the Convention in Toronto, on "Public Health Nursing," and on the "Canadian Nurse," the official organ of the Canadian National Association of Trained Nurses.

The fact of there not being a hospital for maternity cases was referred to, and it is anticipated that steps will be taken to remedy this defect.

A resolution of sympathy was sent to the family of Nursing Sister Anna Stamers, who was drowned on the Llandovery Castle.

Reports of committees were read and the election of officers took place as follows: President, Miss Brown, St. John; First Vice-President, Miss M. Murdoch, St. John; Second Vice-President, Miss Branscombe, St. Stephen; Third Vice-President, Miss E. C. Sanson, Fredericton; Fourth Vice-President, Mrs. Richards, Newcastle; Fifth Vice-President, Miss G. Williams, St. John; Recording Secretary, Miss M. Retallack, G.P.H., St. John; Corresponding Secretary, Miss Emma Bell, St. John; Registrar, Mrs. Richards, Newcastle; Council, Miss Lila Belding and Nursing Sister Gertrude Wilson.

A supper was given to the nurses in the reception hall of the hospital by Mrs. Richards, after which dancing, etc., was indulged in.

A vote of thanks was given to Mrs. Richards and all who had helped to make the Convention a success.

A memorial service in honor of Nursing Sister Anna Stamers was held in the Central Baptist Church, St. John, on July 14th, 1918. A memorial was unveiled by her cousin, little George Stamers, who stood at the salute while doing it. The inscription reads: "In loving memory of Nursing Sister Anna Stamers, born at St. John, N. B., January 25th, 1898. While serving God, the nation and humanity, she came to her death in the sinking of the hospital ship Llandovery Castle by a German submarine, June 27th, 1918." *She hath done what she could.*—Mark 14:8.

Beautiful flowers were in evidence from her friends, the Nurses' Associations and others.

The meeting of the St. John G.P.H.A.A. was held at the Hospital, July 22nd. Eighteen members were present, the President, Miss Mitchell, in the chair. After the routine business the date of the annual meeting was discussed, and October 21st was selected.

Resolutions of condolence were sent to the family of Nursing Sister Anna Stamers, and also to the family of Miss Lily Smith, who died recently very suddenly, and to Mrs. Richards, whose sister died July 12th.

Nursing Sisters Ada Burns, Julia Peters, Ethel Delany, Mignon Cerr, Isadora Smith and Bessie Babbitt have recently left for overseas.

The Nurses' Red Cross Club report 15 meetings since January 1st; that they have knit in that time 142 pairs of socks, collected $25.00 from the members for the I.O.D.E. appeal for maple sugar to be sent overseas, helped in the local Red Cross drive, and collected $384.00 from the various picture houses. Donations of money have been received from several friends, and special thanks is due to those who knit for the Club, and especially the Misses Nelson, who helped in numerous ways since the Club started. On May 1st there was no money in the treasury for wool, and an appeal and a one-day's drive was made to the graduate nusres and the doctors, when $96.00 was obtained. This was the first time since 1914 that the Club had to have outside help.

Nursing Sister Gertrude Williams has resigned the position of Matron at the Military Hospital, St. John, and Nursing Sister Hegan takes her position.

Miss Margaret Holden has resigned her position as Head Nurse at the G.P.H., and Miss Eva B. L. Smith will take her place.

* * * *

QUEBEC

R. V. H. Alumnae

Miss Goodhue, President of the Alumnæ Association, and Miss Prescott, second Vice-President, were R.V.H. representatives at the Nursing Convention, Toronto.

Miss Hall, Mrs. Stanley, Miss Felter and the Misses Freeland are spending a very pleasant holiday at Cap a l'Aigle, Quebec.

Miss Beatrice Guernsey (1907) has finished a successful year at Teacher's College, New York, and has accepted a staff position at R.V.H.

Miss Fessenden (1914), Miss Alice Fisher, Miss West (1915) and Miss Agnes Alpaugh (1916) have recently received commissions in C.A.M.C. and are stationed at Fredericton, N. B.

Miss Anna Dixon (1918) and Miss Napham (1918) have been called to Kingston Military Hospital.

Miss M. Turner (1915) and Miss J. McKibbon (1915) are at Military Hospital, St. John, N. B.

Miss Jessie Robertson, recently Assistant Matron at Eastbourne, England, is now at No. 16 Canadian General Hospital, Orpington, England.

Miss J. McGregor, who has been doing private nursing in New York, is spending the summer at her home in Douglas, Ont.

R.V.H. Nursing Sisters at Kitchener's Military Hospital, Brighton, Sussex, are, Miss Cornell (1902), Miss A. McNish, Miss N. King, Miss H. McDonald, Miss A. Pomeroy and Miss B. Anderson.

Nursing Sisters Mabel Patterson, F. Munroe, Molly Murphy, Dorothy Montizambert and Bertha Merriman (1908) are at Taplow.

Nursing Sister Dorothy Sanderson is at present on temporary duty with a Laval unit in France. Previously Miss Sanderson and Miss Kendall were both with No. 6, one of the raided hospitals.

Miss M. Stewart has left for overseas. For the last year Miss Stewart has been nursing at the Grey Nunnery, and later at Drummond Street Home, C.A.M.C.

The engagement is announced of Nursing Sister Dorothy Wilks (1915), of No. 3 Military Hospital (McGill), France, to Captain George Phelan.

In Memoriam

In loving memory of Nursing Sister Alexina Dussault, who was lost at sea when the Hospital Ship Llandovery Castle was torpedoed, June 27th, 1918. Miss Dussault was a graduate of the Royal Victoria Hospital, 1910, and was among the first to volunteer for overseas duty, going with the McGill Unit in April, 1915. After serving in various hospitals, she was attached to No. 2 C.C.S., where her untiring devotion to the wounded, in those first dreadful months of the war, was noted. Latterly she was engaged in transport duty, but, as the sea did not agree with her, she hoped soon to be transferred. The profession has lost a loyal and devoted member, one whose life was love and devotion, full to overflowing for those maimed and sacrificed in this world-wide conflict. One whose courage and faith have sustained and comforted many a weary soul, for her's was "a faith that doth not shrink," and her's was a "life laid down." With her family we grieve deeply and silently, and the rest we leave to Him who only doeth all things well.

She is not dead, the child of our affection,
But gone unto that school
Where she no longer needs our poor protection,
Where Christ Himself doth rule.

The engagement is announced of Nursing Sister Edith Leslie, graduate of the Royal Victoria Hospital (1912), who went overseas with

No. 3 Canadian General Hospital (McGill), to Major John A. MacMillan, C.A.M.C., France. The marriage will take place in England early in the Autumn.

Montreal General Hospital, Montreal.—Deepest sympathy is felt for the relatives of Miss Florence Fortesque (1905) and Miss Gladys Sare (1913). These two M.G.H. nurses were on duty on the Llandovery Castle when torpedoed.

* * * *

ONTARIO

The Annual meeting of the Victoria Hospital A. A. was held at the Hospital May 7th, with a large attendance. The reports of Secretary and Treasurer were very encouraging, showing a membership of 78. The officers were re-elected by acclamation, with Miss Ada Nash as Assistant Secretary, and Miss Annie E. MacKenzie, *Canadian Nurse* Representative. The annual fee was made $2.00.

At the close of the meeting Miss Stanley introduced the graduating class of 28 members, and a pleasant social hour was spent.

President, Mrs. A. A. Joseph; Secretary, Miss Barons, 2 Chester Street, London; Treasurer, Mrs. Cummins; Representative to *Canadian Nurse,* Miss A. E. MacKenzie, 443 Park Avenue, London.

Ottawa General Hospital

Miss Mildred O'Malley and Miss Hilda Murphy (Class of 1917) have been called to the Military Hospital, Kingston.

Quite a number of Sisters were absent the first week in July, attending the Retreat at the Mother House.

Windsor, Hotel Dieu Hospital

At the recent graduation of the 1918 class of the Hotel Dieu Hospital, Windsor, held June 28th, the following nurses received hteir diplomas: Miss R. McCann, Miss M. May, Miss J. Anderson, Miss M. McClory and Miss A. Morrison. Miss Morrison was the Validictorian, and has been on duty for some weeks at Wolseley Barracks. Addresses were given by Dr. Dewar, the President, and Major Rev. Father Doe. Nursing Sister M. Fielder, who is a Matron of a Military Hospital overseas, was present.

After the exercises the nurses and their friends were entertained by the Sisters of the Hotel Dieu.

Guelph

The graduating exercises of the Guelph General Hospital were held on the evening of June 14th on the lawn of the Home. Their Excellencies the Duke and Duchess of Devonshire attended the function, the Duchess pinning on the badges, while the Duke presented the diplomas and delivered a short address, in which he stated that perhaps he was the only person present who personally knew Florence Nightingale, whose fame would live forever.

The following pupils received their diplomas: Misses D. Dixon, G. Agnew, N. Kenney, V. Ryder, M. Frizzell, E. Cunningham, M. Irwin, M. Awty and J. Pierson. Special prizes were presented by Dr. Roberts to Miss Ethel Cunningham and Miss Georgia Agnew for general proficiency.

Hamilton

Nursing Sister Mabel Sampson was among the Sisters who were drowned on the Hospital Ship Llandovery Castle, and her loss has brought the deepest sorrow to her friends in Hamilton. She was the first Hamilton graduate to offer her services for overseas work. She graduated as gold medalist and winner of a scholarship from the Hamilton City Hospital in 1913. After serving in France and in Salonica, she was given transport duty till her death. She was allowed a furlough for three months at Christmas, when her many friends were delighted to see her among them.

Miss M. Heath and Miss B. Bridgeman have received appointments as supervisors at the City Hospital.

The safe arrival of Nursing Sister M. Taylor has been cabled from England

Collingwood

The graduation of the 1918 class of the Collingwood General and Marine Hospital was held July 11th in the Parish Hall, when eight nurses received their diplomas and graduating pins. Mrs. R. Stephens presented the diplomas, while Mrs. Meacham handed each graduate her pin. The Nightingale oath was administered by Miss McCulloch and addresses were given by Dr. McKay and Archdeacon Ingles. The following nurses graduated: Misses Ida Kilkenny, Sophia Little, Grace Occamore, Kathleen Hanley, Jessie Johnstone, Ida Klinck, Marion Lambert and Bertha Little.

Toronto

A most impressive memorial service was held at St. Andrew's Church, Toronto, July 14th, at the request of the Graduate Nurses' Association of Ontario, to pay tribute to the memory of the medical officers and nursing sisters who lost their lives in the torpedoing of the Llandovery Castle on June 28th, 1918. A large number of representatives from the military, medical and nursing professions were present, with relatives of some of the nurses lost.

Special prayers were read by Dr. Eakin, and Rev. J. W. MacMillan, D.D., of Winnipeg, was the preacher, who paid a wonderful tribute to those who had been faithful unto death. He referred to the tragedy, and said that it was one more wrong done to men, one more insult to God, though we might have thought the enemy's cup of infamy was full without this last act.

Among those present were Sir William and Lady Hearst, Colonel Bickford, D.O.C.; Dr. MacMurchy, the superintendents of all the

Toronto hospitals, pupil nurses, representatives from all the nursing associations and from the Canadian Army Nursing Corps.

In Memoriam

Medical Officers and Nursing Sisters Drowned off the "Llandovery Castle" June 28th, 1918

Lieut.-Col. Thos. Howard MacDonald.
Major Gustave Mitchell Davis, Welland, Ontario.
Captain Arthur Vincent Leonard, Toronto, Ontario.
Captain George Luther Sills, Tweed, Ontario.
Captain William James Enright, Port Daniel, Bonaventure, Quebec.
Honorary Captain Chaplain Donald G. MacPhail, Kingston, Ontario.
Nursing Sister Christina Campbell, Victoria, British Columbia.
Nursing Sister Alexina Dussault, Montreal, Quebec.
Nursing Sister Carola Josephine Douglas, Swan River, Manitoba.
Nursing Sister Minnie Follette, Ward's Brook, Nova Scotia.
Nursing Sister Margaret Marjorie Fraser, Moose Jaw, Saskatchewan.
Nursing Sister M. J. Fortesque, Montreal, Quebec.
Nursing Sister Catharine Gallaher, Ottawa, Ontario.
Nursing Sister Rena McLean, Souris, Prince Edward Island.
Nursing Sister Mary Agnes McKenzie, Toronto, Ontario.
Nursing Sister Jessie Mabel McDiarmid, Ashton, Ontario.
Nursing Sister Gladys Irene Sare, Montreal, Quebec.
Nursing Sister Maebelle Sampson, Duntroon, Ontario.
Nursing Sister Anna Irene Stamers, St. John, New Brunswick.
Nursing Sister Jean Templeton, Ottawa, Ontario.

KINGSTON

A joint meeting of the General Hospital A.A. and the Kingston Chapter of the G.N.A.O. was held on Tuesday, June 15th. Two splendid reports of the Conventions recently held in Toronto were given by Miss F. Hiscock and Mrs. F. Robertson. The A.A. Association voted to spend $40.00 to purchase socks for the soldiers in France.

The following officers of the Alumnæ Association were elected: Hon. President, Miss Claudia Boskill; President, Mrs. George Nichol; First Vice-President, Miss Jean MacCallum; Second Vice-President, Miss E. Baker; Secretary, Mrs. S. F. Campbell; Assistant Secretary, Mrs. Sidney Smith; Treasurer, Miss Florence Hiscock; *Canadian Nurse* Representative, Mrs. G. H. Williamson.

Miss Norma Johnson, Kingston General Hospital (1917), has been appointed Superintendent of Abitibi Hospital, Iroquois Falls.

Miss Lulu Louden (class 1917) has been attached to the C.A.M.C. at Petawawa Camp, Ont.

* * * *

ALBERTA

Nursing Sisters Allan and James, graduates of the Royal Alexandra Hospital, Edmonton; D. S. Paradis, graduate of Edmonton General Hospital, and N. S. Moore, all of the Ogden Convalescent Hospital, left on Friday evening for overseas.

* * * *

BRITISH COLUMBIA

A junior chapter of the I.O.D.E. has been formed in Vancouver and is named after Miss Pringle, of the Vancouver General Hospital, who was killed in a bombing raid on a hospital in France last May. It is called the Eden Lyall Pringle Chapter, with the appropriate motto, "Always Faithful." Mrs. Pringle, Miss Pringle's mother, has consented to become the honorary regent. Miss Pringle graduated in 1916, and in the next year left for overseas, when the ship in which she sailed was torpedoed, but she was among the rescued. She, with two other nursing sisters, ten patients, two medical officers and the operating staff, were buried in the ruins of the main hospital building.

Notice is now given that applications for forms for registration may be made to the Registrar, Room 125, Vancouver Block, by mail.

Miss Bertha McGillivray, formerly Assistant Superintendent of the Royal Columbian Hospital, New Westminster, is at home on a visit before leaving to accept a similar position at the Royal Alexandra Hospital, Edmonton.

Nursing Sister Violet Berkett, who left a short time ago for overseas duty, is now with No. 11 Canadian General Hospital, Shorncliffe, Kent, England.

The following nurses recently graduated from the Royal Provincial Jubilee Hospital, Victoria: Misses Pearl Hughes, Juanita Sears, Evelyn Gurd, Lydia Anderson, Bernice Johnson, Sybil Parke, Jean Harrison, Thelma Burrows and Louise Buckley. Miss Madge Dickson, of Vernon, completed her post-graduate course in surgery and received her certificate, while Miss Moody received the prize given annually by the Victoria Graduate Nurses' Association to the first year nurse showing the most proficiency. R. S. Day, the President of the Board, presented the diplomas, Miss MacKenzie, Superintendent of the Training School, pinning on the graduating pins, while Miss Grimmer, President of the V.G.N.A., presented the prize to Miss Moody. Addresses were given by Major Rev. C. C. Owen, of Vancouver; Dr. Bradley, who has just returned from Russia; Rt. Rev. G. H. Lander, Bishop of Hong Kong; Miss Grimmer, Dr. Hassell, and three of the members of the Board, Mrs. Rhodes and Messrs. Brown and Shotbolt.

Mr. Day, in his address, referred to the death of one of their graduates, Nursing Sister Gladys Wake, who had died from injuries received during the bombing of a hospital in France, and expressed the hospital's pride in this heroic nurse.

The Fifth Regiment Band gave a delightful musical programme, and, after the exercises, the nurses and their friends had a dance in the Home.

Births

STEELE—At Guelph, Ont., to Mr. and Mrs. John Steele, a son.

Marriages

CLORAN-BLISS—At St. Mary's Pro-Cathedral, Winnipeg, Gladys Bliss, graduate of the Ottawa General Hospital, to Lieut. Edmund P. Cloran.

ROBERTSON-GARBUTT—At the Presbyterian Manse, Regina, Sask., May 1st, 1918, by the Rev. Mr. McKinnon, Jennie Garbutt, graduate of the Owen Sound General and Marine Hospital (class 1908), to James Robertson, of Vanguard, Sask.

Deaths

FRASER—At Manitowaning, in June, 1918, Iola, wife of Mr. George Albert Fraser. Mrs. Fraser was Miss Iola Grant, graduate of the Hamilton City Hospital.

PARSON—At her parents' residence, in Nelson Township, July 6th, 1918, Jessie Illeen Parson, graduate of the Hamilton City Hospital.

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Conveners of Committees—Finance, Miss E. F. French; Social, Miss H. A. T. Wyman; Sick Visiting, Miss Seguin.

Representative to the "Canadian Nurse"—Miss H. A. T. Wyman.

Regular Monthly Meeting—Third Tuesday, 8 p.m.

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Association meets at the Hospital the First Friday of every second month at 4 p.m.

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Sick Visiting Committee—Mrs. M. J. Bremner (Convener), 39 Linton Apartments, Sherbrook Street West; Mrs. Paul Johnston, 17 Hope Avenue; Mrs. Walter Stewart, 449 Sherbrooke Street West; Miss Whelan, 308 Drummond Street; Miss Gall, 100 Fort Street; Miss Eaton, 464 Union Avenue.

Regular monthly meeting second Wednesday, 8 p.m.

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Regular Meeting—First Monday, 4 p.m.

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Committee—Miss Moffatt, Miss Brook, Miss E. Brown, Mrs. Dunwoody, Miss J. Murphy.

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Regular meeting, First Tuesday, every second month.

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Regular Meeting—First Thursday every second month, 8 p.m.

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Regular Meeting—Second Tuesday, 8 p.m.

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Press Representative—Miss C. I. Bobbette, Toronto Free Hospital.

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Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting—First Tuesday, 3.30 p.m.

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Regular Monthly Meeting at Nurses' Residence, first Wednesday of each month.

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Regular Meeting—Second Wednesday, 8 p.m.

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Regular Monthly Meeting, second Wednesday at 3 p. m.

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Incorporated April 19, 1916

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Regular Monthly Meeting—Third Wednesday, 3.30 p. m.

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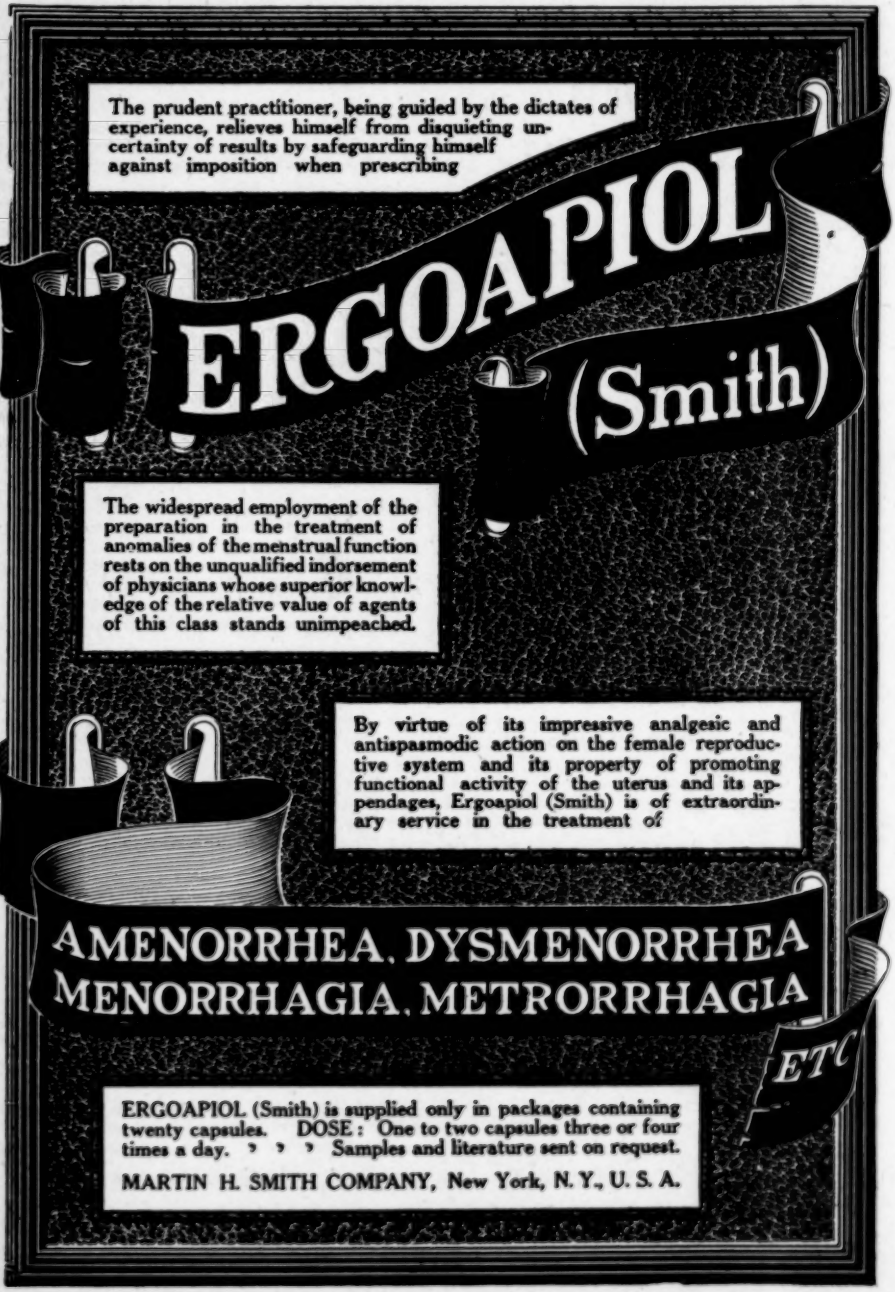
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